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THE
STUDY OF MEDICINE.

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IMPROVED FROM THE AUTHOR'S MANUSCRIPTS,
AND BY REFERENCE TO THE LATEST ADVANCES IN PHYSIOLOGY,
PATHOLOGY AND PRACTICE.

Fourth Edition,

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VOL. IV.

DISEASES OF THE SEXUAL AND EXCERNENT
FUNCTIONS.

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CLASS V.

CLASS V.
GENETICA.

DISEASES OF THE SEXUAL FUNCTION.

ORDER I.

CENOTICA.

AFFECTING THE FLUIDS.

II.

ORGASTICA.

AFFECTING THE ORGASM.

III.

CARPOTICA.

AFFECTING THE IMPREGNATION.

CLASS V.

PHYSIOLOGICAL PROEM.

WE now enter upon the maladies of that important function by which animal life is extended beyond the individual that possesses it, and propagated from generation to generation. To this division of diseases the author has given the classic name of GENETICA, from γένεσθαι, “gignor,” whence genesis (γένεσις), “origo,” “ortus.”

In almost every preceding system of nosology, the diseases of this function are scattered through every division of the classification, and are rather to be found by accident, an index, or the aid of the memory, than by any clear methodical clue. Dr. Macbride’s classification forms the only exception I am acquainted with; which, however, is rather an attempt at what may be accomplished, than the accomplishment itself. His division is into four orders; general and local, as proper to men, and general and local, as proper to women; thus giving us, in the ordinal name, little or no leading idea of the nature of the diseases which each subdivision is to include, or any strict line of division between them; for, it must be obvious, that many diseases, commencing locally, very soon become general, and affect the entire system, as obstructed menstruation; while others, as abortion, or morbid pregnancy, may be both general and local.

Under the present system, therefore, a different arrangement is chosen, and one, which will perhaps be found not only more strict to the limits of the respective orders, but more explanatory of the leading features of the various genera or species that are included under them. These orders are three; the first embracing those diseases that affect the sexual fluids; the second those that affect the orgasm; and the third those that affect the impregnation. To the first order is applied the term CENOTICA (κενώτικα) from κένωσις, “evacuatio,” “exinanitio;” to the second, ORGASTICA (ὀργαστικά) from ὀργάζω, “irrito,” “incito,” and especially libidinosè; and to the third, CARPOTICA (καρπώτικα) from καρπός, “fructus.”

Before we enter upon these divisions, it will perhaps prove advantageous to pursue the plan we have hitherto followed upon commencing the preceding classes; and take a brief survey of the general nature of the function before us, under the following heads:—

- I. THE MACHINERY BY WHICH IT OPERATES.
- II. THE PROCESS BY WHICH IT ACCOMPLISHES ITS ULTIMATE END.
- III. THE DIFFICULTIES, ACCOMPANYING THIS PROCESS, WHICH STILL REMAIN TO BE EXPLAINED.

CLASS V.
Origin of
classic name.

The diseases of
the system
hitherto scat-
tered loosely
over the entire
class.

Macbride made
an attempt at
simplification;
but an attempt
alone.

Ordinal divi-
sions under
the present
arrangement.

Survey of the
general nature
of the present
function.

CLASS V.

I. Machinery
of the genera-
tive function.

I. One of the chief characters by which animals and vegetables are distinguished from minerals, is to be found in the mode of their formation or origin. While minerals are produced fortuitously, or by the casual juxtaposition of the different particles that enter into their make, animals and vegetables can only be produced by generation, by a system of organs contrived for this express purpose, and regulated by laws peculiar to themselves.

[In perennial plants*, the organs of generation are annually shed and reproduced. In animals, the sexual organs are periodically fitted for the function of generation, either by their actual enlargement, or by a determination of blood to them at particular periods. In human beings, the sexual organs are competent to their function during the greater part of life; from the age of puberty to forty-five or fifty, in females; to sixty-five or seventy, or even later, in men.]

Generation effected in two ways.

Theory of epigenesis, what.

Plants propagable both by offsets and eggs or seeds.

The lowest class of animals propagable in both ways also. Illustrated.

In these cases no distinction of sex.

In others of the same class examples of both male and female organs in the same individuals, as in monoicous plants.

Hence hermaphrodites.

Fasciola or fluke.

Helix hortensis or garden-snail.

Curious process of intercourse.

Generation is effected in two ways; by the medium of seeds or eggs, and by that of offsets: and it has been supposed, that there may be a third way, to which we shall advert hereafter; that of the union of seminal molecules, furnished equally by the male and the female, without the intervention of eggs, which constitutes the leading principle of what has been called the theory of epigenesis.

Many plants are propagable by offsets, and all plants are supposed to be so by eggs or seeds. As we descend in the scale of animal life, we meet, in the lowest class, consisting of the worm tribes, with examples of both these modes of propagation also. For, while a production by ova is more commonly adhered to, the hydra or polype is well known to multiply by bulbs or knobs thrown forth from different parts of the body, and the *hirudo viridis*, or green leech, by longitudinal sections, which correspond with the slips or suckers of plants.

In these cases, we meet with no distinction of sex; the same individual being capable of continuing its own kind by a power of spontaneous generation. In other animals of the worm class, we trace examples of the organs of both sexes united in the same individual, making a near approach to the class of monoicous plants, or those which bear male and female flowers, distinct from each other, but on the same stock, as the cucumber; thus constituting proper hermaphrodites, evincing a complexity of sexual structure, which is not to be found in any class of animals above that of worms. Some of the intestinal worms are of this description, as the fasciola or fluke, which is at the same time oviparous, the ovaries being placed laterally. The earth-worm propagates its kind by a like organisation, as does the barnacle, the lamprey, and even the common and conger eel.†

The *helix hortensis*, or garden-snail, is hermaphrodite, but incapable of breeding singly. In order to accomplish this, it is necessary that one individual should copulate with another, the male organ of each uniting with the female, and the female with the male, when both become impregnated. The manner in which this amour is conducted, is singular and highly curious. They make their approach by discharging several small darts at each other, which

* See Mayo's Outlines of Human Physiology, p. 462. 2d edit.

† See Sir Everard Home's paper on some of these animals, Phil. Trans. 1823, art. XII.

are of a sharp form, and of a horny substance. The quiver is contained within a cavity on the right side of the neck, and the darts are launched with some degree of force, at about the distance of two inches, till the whole are exhausted; and when the war of love is over, its consummation succeeds. The increase is by eggs, which are perfectly round, and about the size of small peas.

There are some animals, in which a single impregnation is capable of producing several generations in succession: we have a familiar example of this in the common cock and hen; for a single copulation is here sufficient to give fecundity to as many eggs as will constitute a whole brood. But the same curious fact is still more obvious in various species of insects, and especially in the aphis (puceron, or green-plant louse) through all its divisions, and the *daphnia pulex* of Möller and Latreille (the *monoculus pulex* of Linnæus). In both these a single impregnation will suffice for at least six or seven generations; and in both these, likewise, we have another curious deviation from the common laws of propagation, which is, that in the warmer summer months the young are produced viviparously, and, in the cooler autumnal months, oviparously. It is also very extraordinary that in the aphis, and particularly in the viviparous broods, the offspring are many of them winged, and many of them without wings or distinction of sex; in this respect making an approach to the working-bees, and still more nearly to the working-ants, known, till of late, by the name of neuters.

For confirmation respecting the generative process, which takes place in these two last kinds, we are almost entirely indebted to the nice and persevering labours of the elder and the younger Hüber; who have decidedly proved, that what have hitherto been called neuters, are females with undeveloped female organs, and therefore non-breeders, but whose organs, at least in the case of bees, are capable of developement by a more stimulating or richer honey, with which one of them, selected from the rest, is actually treated for this purpose by the general consent of the hive on the accidental loss of a queen-bee, or common bearer of the whole, and in order to supply her place. It is these alone that are armed with stings; for the males, or drones, as we commonly call them, are without stings; they are much larger than the non-breeders or workers, of a darker colour, and make a great buz in flying. They are always less numerous in a hive than the workers, and only serve to ensure the impregnation of the few young queens that may be produced in the course of the season, and are regularly massacred by the stings of the workers in the beginning of the autumn. The impregnation of the queen-bee is produced by a process too curious to be passed over. It was conjectured by Swammerdam, that this was effected by an aura seminalis thrown forth from the body of the whole of the drones or males collectively. By other naturalists it has been said, but erroneously, to take place from an intermixture of a male milt or sperm with the eggs or spawn of the queen-bee, as in the case of fishes. M. Hüber, however, has sufficiently proved, that the queen-bee, for this purpose, forms an actual coition, and this never in the hive, but during a tour into the air, which she takes for this purpose, a few days only after her birth, and, in the course of which, she is sure

CLASS V.

I. Machinery of the generative function.

A single impregnation sufficient in some animals for the production of several generations in succession.

Aphis, puceron or green-plant louse.

Singular variety in the mode of production.

Some offspring viviparous, others oviparous.

Some winged, others wingless, and without distinction of sex.

Generative process among bees, as discovered by the Hübers.

CLASS V.

I. Machinery
of the genera-
tive function.

to meet with some one or other of her numerous seraglio of males. As soon as copulation has been effected, she returns to the hive, which is usually in the space of about half an hour, and often bears home with her the full proofs of a connection in the *ipsa verenda* of the drone; who, thus wounded and deprived of his virility by the violence of his embrace, dies almost immediately afterwards. This single impregnation will serve to fecundate all the eggs the queen will lay for two years *at least*; Hüber believes, for the whole of her life; but he has repeated proofs of the former. She begins to lay her eggs, for the bee is unquestionably oviparous, forty-six hours after impregnation, and will commonly lay about three thousand in two months, or at the rate of fifty eggs daily. For the first eleven months, she lays none but the eggs of workers; after which she commences a second laying, which consists of drones' eggs alone.

Procreation
among fishes.

Of the mode of procreation among fishes, in consequence of their living in a different element from our own, we know but little. A few of them, as the squalus, or shark genus, some of the skates, and other cartilaginous fishes, have manifest organs of generation, and unquestionably copulate. The male shark, indeed, is furnished with a peculiar sort of holders for the purpose of maintaining his grasp upon the female amidst the utmost violence of the waves, and his penis is cartilaginous or horny. The female produces her young by eggs, which, in several species of this genus, are hatched in her own body, so that the young, when cast forth, are viviparous.

Male organs
in the squalus
or shark.Young in some
species of this
genus produced
viviparously.Produced in the
same manner in
the blenny.Fishes in
general have no
external sexual
organs or
sexual con-
nection.Ordinary mode
of increase.Spawn, or
hard roe.Sperm, milt, or
soft roe.

The blenny produces its young in the same manner; in most species, by spawn or eggs hatched externally; but in one or two viviparously, three or four hundred young being thus brought forth at a time. The blenny, however, and by far the greater number of fishes, have no external organ of generation, and appear to have no sexual connection. The females, in a particular season of the year, seem merely to throw forth their ova, which we call hard roe or spawn, in immense multitudes, in some shallow part of the water in which they reside, where it may be best exposed to the vivific action of the sun's ray; when the male shortly afterwards passes over the spawn or hard roe, and discharges upon it his sperm, which we call soft roe or milt. These substances are contained in the respective sexes in two bags that unite near the podex, and at spawning time are very much distended. The spawn and milt thus discharged intermix; and, influenced by the vital warmth of the sun, commence a new action, the result of which is a shoal of young fishes of a definite species.

Still, pairing
observable in
many kinds.

Illustrated.

Salmon.

Yet, though no actual connection can be traced among the greater number of the class of fishes, something like pairing is often discernible among many of those that have no visible organs of copulation: for, if we watch attentively the motions of such as are kept in ponds, we shall find the sexes in great tumult, and apparently struggling together among the grass or rushes at the brink of the water, about spawning time; while the male and female salmon, after having ascended a fresh stream to a sufficient height and shallowness for the purpose, are well known to unite in digging a nest or pit in the sand, of about eighteen inches in

depth, into which the female casts her spawn, and the male immediately afterward ejects his milt; when the nest is covered over with fresh sand by a joint exertion of their tails.

The salmon, the sturgeon, and many other marine fishes, seek out a freshwater stream for this purpose: and their navigations are often of very considerable length before they can satisfy themselves, or obtain a proper gravelly bed. The salmon tribe sometimes make a voyage of several hundred miles, cutting their way against the most rapid currents, leaping over floodgates, or up cataracts of an astonishing height: in their endeavour to surmount which, they often fail, and tumble back into the water; and, in some places, are, in consequence, caught in baskets placed in the current for this purpose.

The power of fecundity in fishes surpasses all calculation, and appears almost incredible. It has been said, no doubt in a strain of exaggeration, that a single herring, if suffered to multiply unmolested, and undiminished for twenty years, would show a progeny greater in bulk than the globe itself. This species, as also the pilchard, and some others of the genus *clupea*, as a proof of their great fertility, migrate annually from the Arctic regions in shoals of such vast extent, that for miles they are seen to darken the surface of the water.

The mode of procreating among frogs does not much vary from that of fishes. Early in the spring, the male is found upon the back of the female, in close contact with her; but no communication is discoverable, although this contact continues for several days; nor can we trace in the male any external genital organ. After the animals quit each other, the female seeks out some secure and shallow water, in which, like the race of fishes, she deposits her spawn, which consists of small specks held together in a sort of chain, or string, by a whitish glutinous liquor that envelopes them; and over this the male passes and deposits his sperm, which soon constitutes a part of the glutinous matter itself. The result is a fry of minute tadpoles, whose evolution into the very different form and organisation of frogs, is one of the most striking curiosities of natural history. In the Surinam toad (*rana pipa*), this process is varied. The female here deposits her eggs, or spawn, without any attention to order; the male takes up the amorphous mass with his feet, and smears it over her back, driving many of the eggs hereby into a variety of cells that open upon it; and afterwards ejecting over them his spermous fluid. These cells are so many nests, in which the eggs are hatched into tadpoles, which are perfected, and burst their imprisonment in about three months.

But a volume would not suffice to point out all the singularities exhibited by different animals in the economy of procreation. It is worth while, however, to notice how variously some of the organs of generation are situated in many tribes. In the female libellula, or dragon-fly, the vagina is placed on the upper part of the belly, near the breast. In the male spider, the generative organ is fixed on the extremity of an antenna. In the female *ascaris vermicularis*, or maw-worm, the young are discharged from a minute punctiform aperture a little below the head, which appears, therefore, to constitute the ascarine vagina. In the snail,

CLASS V.

I. Machinery of the generative function.

Sturgeon.

Dangers encountered at spawning time.

Fecundity of fishes incalculable.

Illustrated in the herring.

Singular procreation among frogs:

especially the toad of Surinam.

Singular position of the organs of generation in many tribes.

Libellula, or dragon-fly.

Male spider.

Ascaris vermicularis, or maw-worm.

Snail.

CLASS V.
I. Machinery
of the genera-
tive function.

Tænia solium,
or tape-worm:
as in some
plants.

Mammæ in
quadrupeds.

Teats in the
mare inguinal.
Where placed
in the horse.

Testes very
small, when
unemployed, in
animals that
procreate only
once a year.

Illustrated in
the sparrow.

Original seat
and progress in
man.

Whether tribes
naturally
monorchid.

Productive
power of man
impaired by a
retention of the
testes in the
abdomen.

Yet, in the
erinaceus, or
hedge-hog,
never quits the
abdomen.

we find this organ placed near the neck, in the immediate vicinity of the spiracle which serves for its lungs. The *tænia solium*, or tape-worm, throws forth its young from the joints. So some plants bear flowers on the petioles, or edges of the leaves, instead of on the flower-stalk.

In like manner, while the mammæ in the human kind are placed on the chest, and made a graceful and attractive ornament, in all quadrupeds they are placed backward, and concealed by the thighs. In the mare, the teats, which are two, are inguinal; in the horse, they are singularly placed on the glans penis.

The testes of most animals that possess these organs, and procreate only once a year, are extremely small during the months in which they are not excited. Those of the sparrow, in the winter-season, are scarcely larger than a pin's head; but, in the spring, are of the size of a hazelnut. In man, the testis, before birth, or rather during the early months of pregnancy, is an abdominal viscus: about the seventh month, it descends gradually through the abdominal ring into the scrotum, which it reaches in the eighth month. And if this descent do not take place anterior to birth, it is accomplished with difficulty, and is rarely completed till the seventh or eighth year. Sometimes, indeed, only one testis descends under these circumstances, and occasionally neither.

There is a set of barbarians at the back of the Cape of Good Hope, who appear to be very generally monorchid, or possessed of only a single testis; and Linnæus, believing this to be a natural and tribual defect, has made them a distinct variety of the human species. Mr. Barrow has noticed the same singularity: but it is doubtful whether, like the want of a beard among the American savages, this destitution is not owing to a barbarous custom of extirpation in early life. It is commonly believed, that the productive power of man is greatly impaired, if not totally lost, by a retention of both testes in the abdomen, as in this situation they are seldom completely developed. Mr. Hunter imagines never; and Zacchias and Riolan concur with him. Mr. Wilson met with one case of this kind, in which the generative power was perfect: and M. Foderé boldly affirms, that persons thus incompletely formed are most remarkable for their vigour, thus strangely impeaching the ordinary course of nature.* Yet, in the *erinaceus* or hedge-hog genus, and a few other quadrupeds, they never quit

* When one or both of the testes are retained in the abdomen, Mr. Hunter conceives, that they are exceedingly imperfect, and incapable of performing their natural function. The editor of this work knows of one example, in which this was the case. Mr. Lawrence has seen two cases, in each of which one testis remained in the abdomen, and where the circumstances, ascertained by anatomical examination, corroborated the opinion of Mr. Hunter. In one the body of the gland was not more than half its usual size; the epididymis, which was very imperfect, ran for about an inch behind the sac of a hernia, which had occurred in the individual, and did not join the body of the testis. The other case presented exactly the same appearances. A third instance, however, concurring with that noticed by Mr. Wilson, came to the knowledge of Mr. Lawrence. Both of the testes had remained in the abdomen, but were apparently perfect in their structure, and, during the patient's life, had executed their functions in a healthy manner. (Rees's Cyclopædia, art. GENERATION.) It appears, then, that there are exceptions to the conclusion, at which Mr. Hunter and some other physiologists arrived on this interesting question; and that more depends upon the size and structure of the testes being natural, than upon their accidental situation. — ED.

the cavity of the abdomen. In the cock, whose penis is dichotomous or two-pronged, they are situated on each side of the backbone.

It has been made a question among physiologists, whether the seminal fluid is secreted by the testes at the moment of the demand, or gradually and imperceptibly in the intervals of copulation, and lodged in the vesiculæ seminales as a reservoir for the generative power to draw upon. The latter is a common opinion. It is, however, opposed, and with very powerful arguments, by Swammerdam and Mr. John Hunter. The secretion, found in the vesiculæ seminales, is different from that of the testes in the properties of colour and smell; those of the former being yellow and inodorous, those of the latter whitish, and possessing the odour of the orchis-root, or the down of chestnuts. On the dissection of those who have naturally or accidentally been destitute of one testis, the vesicula of the one side has been found filled with the same fluid, and as largely as that of the other; and, consequently, the fluid on the vacant side must have been supplied by a secretory action of the vesicula itself. There are no organs of generation that differ so much in their form and comparative size in different animals as these vesicular bags: in the hedge-hog, they are twice as large as in man, and in many animals they are utterly wanting. They are so in the dog, which continues for a very long time in a state of copulation, and in birds, whose copulation is momentary. They are, moreover, wanting in most animals, whose food is chiefly derived from an animal source, though not in all, as the hedge-hog, to which I have just referred, is an example of the contrary.

Mr. Hunter hence concludes, that the vesiculæ seminales are not seminal reservoirs, but glands secreting a peculiar mucus, and that the bulb of the urethra is, properly speaking, the receptacle in which the semen is accumulated previously to ejection. Of the actual use of these vesicular bags, he confesses himself to be ignorant, yet imagines, that, in some way or other, they are subservient to the purposes of generation, though not according to the common conjecture.

In a few rare instances, the uterus and vagina have been found double. Dr. Tiedemann met with two instances of this monstrosity. The organs, constituting one of the cases, are preserved to this day in the Heidelberg Museum. The individual had been pregnant in one of the sets, and the uterus is here larger than that on the opposite side, which is of the ordinary size. The woman reached her full time, but died nineteen days after delivery. *

* In August, 1831, Dr. Robert Lee examined the body of a woman who died eight days after parturition, from inflammation of the peritonæum and uterus. She had previously borne several living children. The uterus was found to be divided into two lateral halves, opening into a common cervix; the os uteri and vagina presenting the appearances usually noticed at that period after delivery. The inner surface of the right half or cornu, which had contained the fœtus, was lined by rough irregular flakes of deciduous membrane, or a layer of fibrine of the blood. One ovary and one Fallopian tube were connected with this cornu, and the same was the case with the unimpregnated one. Both ovaries were enlarged, but the right was much larger than the left, and included a distinct corpus luteum. The whole of the surface of the left cornu was coated with a delicate membrana decidua, which formed a shut sac at the cervix, but presented a smooth circular opening at the uterine orifice of the Fallopian

CLASS V.

I. Machinery of the generative function.

Where seated in the cock.

Seminal fluid whether secreted by the testes at the moment of demand; or imperceptibly and gradually deposited in the vesiculæ seminales.

The latter the common opinion: but opposed by Swammerdam and J. Hunter. On what grounds opposed.

Vesiculæ seminales differ widely in form and size in different animals.

Hedge-hog. Domestic dog. Birds.

Hence supposed by J. Hunter to be glands secreting a fluid distinct from semen.

Uterus and vagina sometimes double.

CLASS V.
 I. Machinery
 of the genera-
 tive function.
 Ovaria :
 formerly called
 female testes.
 How connected
 with the uterus.
 Fallopian tube.
 Corpora lutea,
 what.
 The secretion
 of these organs,
 of what nature.
 Vesicles ovula
 of the ovaries.

The ovaria are, to the female, what the testes are to the male. They were formerly, indeed, called female testes, and furnish, on the part of the female, what is necessary towards the production of a progeny. They are, in fact, two spheroidal flattened bodies, enclosed between the folds of the broad ligaments, by which the uterus is suspended. They have no immediate connection with the uterus ; but near them the extremity of a tube, which opens on either side into that organ, hangs with loose fimbriæ in the cavity of the abdomen, into which it communicates the fimbrial end. This tube is called the Fallopian, from the name of its discoverer.* At the age of puberty, the ovaria acquire their full growth, and continue to weigh about a drachm and a half each, till menstruation ceases. They contain a peculiar fluid resembling the white of eggs, once supposed to be secreted by the glandular structure of various small bodies imbedded in them, which have been denominated *corpora lutea*. By some early writers, this fluid was contemplated as a female semen, forming a counterpart to the semen of males ; but it has since been held, and the tenet is well supported by anatomical facts, to be a secretion of a different kind, thrown forth in consequence of the excitement sustained by the separation of one or more of the minute vesicles, which seem to issue from them as their nucleus or matrix, and which are them-

tube, into which its fibres extended, though to what distance could not be ascertained. Dr. Lee gives references to a vast number of what are termed bilocular, bicorned, bifid or double uterus, in all of which, without a single exception, the uterine appendages consisted of an ovary and one Fallopian tube annexed to each cornu of the uteri, and not of two ovaries and two Fallopian tubes, as the expression double uterus would seem to imply. This kind of malformation has four varieties, which are delineated by Lauth and Cruveilhier : — 1st. Where the vagina and the uterus are separated into two cavities by a septum, without any thing unusual in the external configuration of this organ. 2dly. Where the only remarkable circumstance is the division of the fundus and body of the uterus into two cornua, as exemplified in an instance lately published by Mr. Adams. (See Med. Gaz. for 1833-4, p. 898.) 3dly. Where the uterus is bifid, and the cervix and vagina contain a septum. 4thly. Where the vagina forms a single canal, with a double os uteri. Morand, Bartholine, Tiedemann, Ollivier, and Dr. Blundell have related cases of double uterus, in which impregnation had taken place, and the fœtus had been retained till the full period ; but, according to Dr. Lee's investigations, none of these authors have alluded to the presence of a deciduous membrane in the unimpregnated cornu of the uterus. That such membrane is formed in all similar cases he deems probable, because, in the gravid uterus of the lower animals, the membrane which surrounds the product of conception, invariably occupies the whole inner surface of both cornua. At the same time he candidly explains, that in the examination of the preparation from Dr. Purcell's remarkable case (see Phil. Trans., vol. lxiv. p. 474.), no remains of a membrana decidua were noticed in either the right cornu, which had been impregnated, or in the left, which had not ; though, whether this was owing to accidental decomposition, or intentional removal of such membrane (as far as the right cornu was concerned) cannot now be determined. (See Med. Chir. Trans., vol. xvii.) The disposition of the deciduous membrane in the case related by Dr. Lee himself, must have rendered superfœtation impossible, and its history is adverse to the speculations of M. Cassan on the possibility of superfœtation, where a double uterus exists. In this case, also, as in ordinary pregnancy, where the inner surface of the uterus is lined with the deciduous membrane, Dr. Lee observes, that menstruation must have been suspended. See Med. Chir. Trans., vol. xvii. — ED.

* Fallop. Observ. Anat., 197.

selves regarded by the same school as the real ovula of subsequent fetuses: to which subject, however, we shall advert presently.

[Women reach the period of puberty one or two years before men; and the inhabitants of warm before those of cold climates. In the hottest regions of Africa, Asia, and America, girls arrive at puberty at ten, and even at nine years of age; in France, not till thirteen, fourteen, or fifteen: whilst in Sweden, Russia, and Denmark, this period is not attained till from two to three years later.

At the time of puberty in the male, the larynx enlarges, the quality of the voice is changed, the beard grows, the chest and shoulders enlarge, the generative organs are developed, hair grows upon the pubes, and the secretion of the seminal fluid begins. In the female, the breasts and pelvis enlarge; the uterine organs are developed; and a peculiar periodical discharge from the uterus commences, which continues, subject to certain suspensions during pregnancy and lactation, as long as the organ is capable of impregnation, or, on the average, about thirty years.] *

It is singular to contemplate the very powerful influence, which the secretion, or even the preparation for secreting the seminal fluid, but still more its ejection, produces over the entire system.

On the perfection, and a certain and entonous degree of distension of the natural vessels, apparently producing an absorption of the fluid when at rest, the spirits, the vigour, and the general health of man depend. Hence, antecedently to the full elaboration of the sexual system, and the secretion of this fluid, the male has scarcely any distinctive character from the female: the face is fair and beardless, the voice shrill, and the courage doubtful. And whenever, in subsequent life, we find this entonous distension relaxed, we find at the same time languor, debility, and a want of energy both in the corporeal and mental functions. And where the supply is entirely suppressed or cut off by accident, disease, or unnatural mutilation, the whole system is changed, the voice weakened, the beard checked in its growth, and the sternum expanded: so that the male again sinks down into the female character. These changes occur chiefly where the testicles are extirpated before manhood; but they take place also, though in a less degree, afterwards.

In like manner, during the discharge of the seminal fluid in

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I. Machinery of the generative function.

Puberty attained at different periods.

Changes produced by it in the two sexes.

Powerful influence of the seminal fluid on the animal economy.

Illustrated.

Effects from its discharge:

* Mayo's Outlines of Human Physiology, p. 463. The menstrual discharge may be stated generally to be "the consequence of a peculiar periodical condition of the blood-vessels of the uterus, fitting it for impregnation, which condition is analogous to that of 'heat' in the inferior animals." In Dr. Hooper's work on the Morbid Anatomy of the Human Uterus, there is an exact representation of the uterus of a woman who was instantaneously killed by an accident during menstruation; and every one must be struck with the resemblance which it bears to the description given by Mr. Cruikshank in the Philosophical Transactions (1797), of the appearances observed by him in rabbits killed during the state of genital excitement, usually called the time of heat. The actual presence of the discharge, is the *resolution*, if we may so term it, of the previous condition of the vessels which separate it; for the uterus is fitted for the purposes of impregnation before the menses begin to flow. An instance in proof of this may be given from the Philosophical Transactions (1817), of a young woman who bore two children successively without any previous menstruation; which function, in fact, did not show itself externally till after the third pregnancy, which ended in a miscarriage. Dr. Locock in art. MENSTRUATION, in Cyclop. of Pract. Med.

— ED.

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in the stoutest animals :

in the feeblest:

in the stoutest plants :

in feebler plants.

Aroma in some animals peculiarly strong in the breeding season, and flesh not eatable.

A like effect in fishes.

Singular exhaustion in stags.

Horns never grow again if castration be performed while they are shed.

Peculiar economy in the reindeer.

Explained by analogy.

Association of the general system with the sexual, when in a state of excitement.

II. Generative process.

Involved in mystery : but

sexual commerce, the most vigorous frames of the stoutest animals become exhausted by the pleasurable shock: and the feeble frames of many of the insect tribes are incapable of recovering from the exhaustion, and perish immediately afterwards; the female alone surviving to give maturity to the eggs hereby fecundated. The same effect occurs after the same consummation in plants. The stoutest tree, if superfructified, is impaired for bearing fruit the next year; while the plants of the feeblest structure die, as soon as fructification has taken place. Hence, by preventing fructification, we are enabled to prolong their duration; for by taking away the styles and stigmas, the filaments and anthers, and especially by plucking off the entire corols of our garden-flowers, we are able of annuals to make biennials, and of biennials triennials.

In many animals, during the season of their amours, the aroma of the seminal fluid is so strong, and at the same time so extensive in its influence, as to taint the flesh; and hence the flesh of goats at this period is not eatable. Most fishes are extremely emaciated in both sexes at the same time, and from the same cause, and are equally unfit for the table. Stags, in the rutting season, are so exhausted as to be quite lean and feeble, and to retire into the recesses of the forest in quest of repose and quiet. They are well known to be totally inadequate to the chase; and hence, for the purpose of maintaining a succession of sporting, they are sometimes castrated, in which state they are called heaviers. If the castration be performed while the horns are shed, these never grow again; and if while the horns are in perfection, they are never shed.

The male and female reindeer (*cervus tarandus*) ordinarily cast their horns every year in November. If the male be castrated, the horns will not grow after he is nine years old: and the female, instead of dropping her horns as usual in November, retains them, if gravid, till she fawns, which is about the middle of May. In this case, the usual stimulus necessary for the operation of exfoliation, is transferred to another part of the system. And, for the same reason, we often find that a broken bone in a pregnant woman will secrete no callus, and consequently not unite, till after child-birth. In the former case, the roots of the horns are affected by sympathy with the general sexual system, of which, indeed, they may be said to form a part, and by their superior size are discriminative of the male sex. In the human race, the strong deep voice, characteristic of manhood, is rarely acquired, if castration be performed in infancy.

There is no animal, perhaps, but shows some sympathetic action of the system at large, or some remote part of it, with the genital organs, when they are in a state of peculiar excitement. The tree-frog (*rana arborea*) has, in the breeding season, a peculiar orbicular pouch attached to its throat; the fore-thumb of the common male toad is at the same season affected with warts; and the females of some of the monkey tribes evince a regular menstruation.

II. The process by which the generative power is able to accomplish its ultimate end, is to the present hour involved in no small degree of mystery; and has given rise to three distinct and highly ingenious hypotheses, that have a strong claim upon our attention,

and which we shall proceed to notice in the order in which they have appeared.

The first and most ancient of these consists in regarding the fetus in the womb as the joint production of matter afforded in coition by both sexes, that of the male being secreted by the testes, and that of the female by the uterus itself, or some collateral organ, as the ovaria, which last, however, is a name of comparatively modern origin, and derived from a supposed office which was not contemplated among the ancients. To this hypothesis has been given the name of EPIGENESIS.

The seed, or matter, afforded by the female, was regarded by Hippocrates, Aristotle, and Galen, as the menstrual blood or secretion, which they supposed furnished the substance and increment of the fetus, while the male semen furnished the living principle: Empedocles, Epicurus, and various other physiologists contending, on the contrary, that the father and mother respectively contributed a seminal fluid that equally co-operated in the generation and growth of the fetus, and stamped it a male or a female, and with features more closely resembling the one or the other, according as the orgasm of either was predominant at the time, or accompanied with a more copious discharge. In the words of Lucretius, who has elegantly compressed the Epicurean doctrine,—

Et muliebre oritur patrio de semine seclum;
Maternoque mares existunt corpore cretei.
Semper enim partus duplici de semine constat:
Atque, utri simile est magis id, quodquomque creatur,
Ejus habet plus parte æquâ, quod cernere possis,
Sive virum suboles, sive est muliebris origo.*

The distinction of sex, however, was accounted for in a different manner by Hippocrates, who supposed that each of the sexes possesses a strong and a weak seminal fluid; and very ungallantly asserted, that the male fetus was formed by an intermixture of the robuster fluids of the two sexes, and the female by that of the more imbecile. Lactantius, in quoting the opinion of Aristotle upon this subject, adds, fancifully enough, that the right side of the uterus is the proper chamber of the male fetus, and the left of the female: a belief which is still prevalent among the vulgar in many parts of Great Britain. But he adds, that if the male, or stronger, semen should by mistake enter the left side of the uterus, a male child may still be conceived; yet, inasmuch as it occupies the female department, its voice, its face, and its general complexion will be effeminate. And, on the contrary, if the weaker, or female, seed should flow into the right side of the uterus, and a female fetus be begotten, the female will exhibit many signs of a masculine character, and be inordinately vigorous and muscular.†

* De Rer. Nat., lib. iv. 1220.

† De Opificio Dei, cap. xii. Mr. Mayo considers it natural to suppose, that the sex of the embryo is determined antecedently to impregnation; but, by what facts he is led to this opinion, is not explained. This part of the subject still continues a complete mystery. It is a remarkable fact, as Dr. Bostock has observed (Elem. Syst. of Physiology, vol. iii. p. 47.), that, although there is no uniform proportion between the number of males and females, produced by the same parents, yet that the total number of each sex brought into the world, taking the average of any large community, is nearly the same; or, more exactly, that we have in all cases a small excess of males. The data that we possess, while they prove,

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has given rise to three popular hypotheses, as follow:

Fetus produced by the intermixture of a male and female seminal fluid: forming the theory of epigenesis:

Female generative matter how explained by Hippocrates and Aristotle, as distinct from male semen.

How explained by Empedocles and Epicurus.

Sex and features how accounted for.

Sex and features how accounted for by Hippocrates and Aristotle. Commentary of Lactantius upon Aristotle's opinion.

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The one or other of these doctrines popular till the sixteenth century: at which time the ovaria, instead of testes, were regarded as depositories of minute ova: and hence named ovaria.

Hence another hypothesis, which derives the rudiments of the fetus from the mother alone.

This hypothesis illustrated.

Features of the father accounted for by the shock given to the female system during the embrace: it being denied that the male semen could ever reach the uterus or add any thing to the embryo in its evolution.

The contrary asserted by Leewenhoeck and Hartsoecker: who contended that it could even enter the Fallopian tube, and actually did so.

The doctrine of epigenesis, under one modification or another, continued to be the leading, if not the only hypothesis of the day, till the beginning of the sixteenth century, when, in consequence of the more accurate examinations and dissections of Sylvius, Vesalius, Fallopius, and De Graaf, the organs, which had hitherto been regarded as female testes, and so denominated, were now declared to be repositories of minute ova, and at length named ovaria by Steno in 1667.* We now, therefore, enter upon the second of the three hypotheses above alluded to, which derives the fetus from rudiments furnished by the mother alone. This hypothesis was originally advanced by Josephus de Aromatariis, as flowing from these anatomical discoveries, but was chiefly brought into notice by Swammerdam and Harvey, who established the doctrine of *omne ab ovo*. Observing a cluster of about fifteen vesicles in each of the female ovaria, apparently filled with a minute drop of albuminous yellow serum, and perceiving that they appeared to diminish in number in some kind of proportion to the number of parturitions a woman had undergone, it was conceived by these physiologists that such vesicles are inert eggs or ovula, containing miniature embryos of the form to be afterwards evolved, one of which, by the pleasurable shock that darts over the whole body, but in an especial degree through this organ, during the act of copulation, is instantly thrown into a state of vital activity, detached from the common cluster, and in a short time passes into the uterus through the canal of the Fallopian tube, which spontaneously enlarges for the purpose; where its miniature germ is gradually unfolded and augmented into a sensible fetus, partaking of the form and figure of the parent stock. The elementary animalcule, it was farther asserted by Harvey, may be occasionally impressed with a resemblance in its features to the father from the electric impulse given in the genial act to every portion of the solids and fluids of the body, and of consequence to the fluid contained in the ovula themselves: but, reasoning from the length of the vagina in cows and many other animals, and an occasional dissection of the human subject soon after coition, he contended, that the male semen never did, not indeed could, enter the uterus, and of course could not add any thing to the embryo in its evolution.

Leewenhoeck and Hartsoecker, however, upon a more accurate anatomy of the uterus immediately after copulation, discovered, not only that the projected male semen could enter its cavity, but actually did thus enter, and in some instances, which fell within their notice, had clearly ascended into the Fallopian tubes. And

that this excess exists in all countries, seem, however, to show, that the amount of it differs in different countries. From a very extensive examination, made by Hufeland, the numbers in Germany are as 21 to 20. (Edin. Phil. Journ., vol. v. p. 296.) The census that was taken in England and Wales in 1821, shows the numbers to be nearly 21 and 20·066. But, says Dr. Bostock, to whatever cause we may ascribe the relative proportion, it would appear, that the greater number of males, who are born, is compensated by their greater mortality, whether produced by natural or accidental causes; for, we find, among adults, that the number of females rather exceeds that of males. Haller, El. Phys., lib. xxviii. p. 1.; Jameson's Journ., vol. v. p. 200. — Ed.

* Elem. Myologiae Specimen, p. 117.

now a new doctrine was started, and one altogether opposite to the theory of Harvey. Upon the principle of the former, the father had no immediate connection with his own child; he could not bestow upon it a particle of his own matter, and the whole production was the operation of the mother. But, in consequence of this later discovery, it was contended, that the entire formation was the work of the father, and that the mother, in her turn, had nothing to do with it: that every particle of the propelled fluid was a true and proper seminum, containing in itself, like the ovulum of the female upon the hypothesis of Harvey, a miniature of all the organs and members of the future fetus, in due time to be gradually evolved and augmented; and that the uterus, and possibly the ovulum, into which some one of these male semina or seminia is almost sure of being protruded in the act of generation, offers nothing more than a nest, in which the homunculus or rudimental fetus is deposited for warmth and nutriment. And, as the former hypothesis appealed to the natural economy of oviparous animals during the period of incubation, that of worms and tadpoles was appealed to by the latter: and a very considerable degree of life and motion was supposed to be discovered and proved by the aid of good magnifying glasses in the simple fluid of the male semen, insomuch that not less than many millions of these homunculi, or unborn manikins, were pointed out as capering in a diameter not greater than that of the smallest grain of sand, each resembling the tadpole in shape. Delappius, indeed, a celebrated pupil of Leewenhoeck, advanced farther; for he not only saw these homuncular tadpoles, but pretended to trace one of them bursting through the tunic by which it was swaddled, and exhibiting two arms, two legs, a human head and heart.

Such was the dream of the popular philosophy on the subject of generation indulged in at the period we are now adverting to, and which continued for upwards of a century. It is truly astonishing to reflect on the universality with which this opinion was accredited, and how decisively every anatomist, and indeed every man who pretended to the smallest portion of medical science, was convinced, that his children were no more related, in point of generative power, to his own wife, than they were to his neighbour's. It was in vain that Verheyen denied the existence of animalcules in the seminal fluid, and undertook to demonstrate, that the motion supposed to be traced there, was a mere microscopic delusion: it was in vain to adduce the fact of an equal proportion of paternal and maternal features in almost every family in the world, the undeviating intermixture of features in mules, and other hybrid animals, and the casual transfer of maternal impressions to the unborn progeny, when suddenly frightened in the earlier months of pregnancy. The theory, as it was triumphantly called, of generation ab animalculo maris, was still confidently maintained; and the mother, it was contended, had nothing to do with the formation of her own offspring, but to give it a warm nest and nourishment.

At length arose the celebrated and indefatigable Buffon, who was not inattentive to the facts before him, nor to the absurdities to which some of them had led. He readily accredited the microscopic motion pointed out by Leewenhoeck in the floating bodies of male semen, and which Spallanzani has since persuaded

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Extreme and most absurd consequences drawn from both hypotheses: the supporters of the one contending that the father had no immediate connection with his own child: while those of the other affirmed, that the whole was the work of the father, and the mother had nothing more to do with it than to furnish a nest.

Appeals to natural history made by both parties.

Homunculi semine masculino.

Farther extravagances of the same hypothesis.

General remarks.

Hypothesis of Buffon, forming a re-edition of the hypothesis of epigenesis.

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Organic mole-
cules, what.

Explained.

Sex and fea-
tures how ac-
counted for by
Buffon.

General
remarks.

Buffon sup-
ported by
Maupertuis
and Needham:
opposed by
Haller and
Bonet, who
endeavoured to
revive under a

himself he has detected, not only in this fluid, but in various others of an animal origin * ; but, instead of admitting them to be animalcules, he regarded them as primordial monads, *molecules organiques*, of a peculiar activity, existing through all nature, and constituting the nutrient elements of living matter : and, upon this principle, he founded, not indeed a new hypothesis, but a new edition of that of epigenesis, with so much accessory, and, in his view of the subject, important matter, as very nearly to entitle it to the character of an original plan. Like the speculations to which it succeeded, it soon acquired a very high degree of popularity.

All organised beings, and hence plants as well as animals, according to the doctrine of M. de Buffon, contain a vast number of these active molecules in every part of their frames, but especially in the generative organs of both sexes, and the seed-vessels of plants, in which they are more numerous than in any other parts. These organic primordia afford nutrition and growth to the animal and vegetable fabrics; and, as soon as these fabrics are matured, and consequently a smaller proportion of such molecules are requisite, their surplus is secreted and strained off for the formation of vegetable and animal seeds. The existence of ovula in the female ovaria, impregnated and detached at the time of conception, is by this hypothesis declared to be a chimera, and their passage into the uterus asserted to be contrary to all observation and fact. The ovaria are once more regarded as female testes, receiving, like those of the male, the surplus of the organic molecules of the body, and secreting them, like the latter, for the common purpose of generation. The seminal liquors, thus discerned in the male and female frames, are projected, in the act of coition, simultaneously into the uterus, and, becoming intimately blended there, produce, by a kind of fermentation, the first filaments of the fetus, which grow and expand like the filaments of plants. To render such combination of seminal fluids productive, however, it was contended, that their quantities must be duly proportioned, their powers of action definite, and their solidity, tenacity, or rarefaction symphonious; and the fetus, it was added, would be either male or female, as the seminal fluid of the man or woman abounded most with organic molecules, and would resemble either the father or the mother, according to the overbalance of the respective elements contributed by each parent.

It is obvious, from this brief view of the subject, that Buffon, in the planning of this hypothesis, did nothing more than avail himself of the anatomical facts of Vesalius, De Graaf, and Harvey, and the supposed discoveries of Leewenhoeck, to revive in a new form the doctrine of the Greek schools, and especially that of Epicurus. The subject, however, was offered to the world with plausible arguments and captivating eloquence, and had soon the good fortune to meet with powerful and enlightened supporters in Maupertuis and Needham, who added some improvements, but of no very great importance, to several of M. de Buffon's tenets; while Haller and Bonet strove hard to revive the hypothesis of female generative power, or that of evolution alone, at first established by Harvey; or rather to erect an edifice, somewhat simi-

* *Opuscoli de Fisica, Animale, Vegetabile, &c.* vol. ii. 8vo. Milan, 1776.

lar to it, out of the crumbling ruins of the primary building ; in doing which they appealed to the phænomena of the vegetable creation with considerable research and some degree of success. But this revived hypothesis, notwithstanding, has never been very generally followed ; and is now almost, if not altogether, relinquished, even in Germany.

In like manner, there are several physiologists, who have endeavoured to improve the hypothesis of Buffon, of whom it may be sufficient to mention Dr. Darwin and Professor Blumenbach. The alterations, however, are little more than verbal, and consequently of no great importance, and chiefly relate to the subordinate doctrine of organic molecules. For the term organic molecules, Darwin prefers that of vital germs, which he assort into two kinds, or rather maintains are thus formed by nature, as being secreted or provided by male or female organs, whether animal or vegetable ; for, in the philosophy of this writer, the two departments tread closely upon each other. In this subdivision of germs, however, the term molecule is still retained, but limited to the female character or department : the vital germs or particles, secreted by the female organs of a bud or flower, or the female organs of an animal, being by Dr. Darwin denominated *molecules* with formative propensities ; while those, secreted from the male organs of either department, are called *fibrils* with formative appetencies. To the fibrils he assigns a higher degree of organisation, than to the molecules. Both, however, we are told, have a propensity or an appetency to form or create ; as we are told also, that “ they reciprocally stimulate and embrace each other, and instantly coalesce ; and may thus popularly be compared to the double affinities of chemistry.”

In the view of Professor Blumenbach, matter is divided into two kinds, possessing properties essentially different from each other ; these are organised and unorganised : unorganised matter is endued with a creative or formative power throughout every particle ; and organised matter with a creative or formative effort, a *nisus formativus*, or *bildungstrieb* *, as he calls it, a principle, in many respects, similar to that of gravitation, but endowing every separate organ, as soon as it acquires structure, with a *vita propria*. From the first, he traces the origin of the world in the simple and inorganic state of the mineral kingdom ; from the last, the rise of vegetables and animals.

It is only necessary to add further a remark of Mr. John Hunter's, that in plants of all kinds, the seed, properly so called, is produced by the female organisation, while the male gives nothing more than the principle of arrangement ; and that the same operation and principles take place in many orders of animals.†

In all these attempts to improve upon the older speculations, there is a great deal that cannot but be regarded as philosophical nugæ. The physiological experiments that have been made, and the anatomical facts that have been discovered, since the days of Harvey, and particularly during the last half century, though they

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new form the hypothesis of female evolution ; but with little success.

Attempted improvements upon Buffon : by Blumenbach and Darwin.

Darwin's modification.

Molecules with formative propensities, what.

Fibrils with formative appetites, what.

Blumenbach's modification.

Organised and unorganised matter.

Nisus formativus or *bildungstrieb*, what.

Remarks of Hunter.

Much philosophical trifling in these speculations.

Positions sufficiently established by

* Über den Bildungstrieb, 8vo. Götting. 1791

† Animal Economy, p. 55.

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the facts and discoveries ascertained.

First, male semen communicated to the uterus at first or soon afterwards.

Secondly, the uterus also secretes a peculiar fluid, probably the basis of the subsequent membranes.

Thirdly, Fallopian tubes a medium of communication between the uterus and the ovaries : the supposed vesicles of the latter real ovula, conveyed by this medium to the uterus.

Fourthly, the cervix of the uterus from this time becomes closed, so that no second fetation can take place.

Formation of caduca, or uterine ovum, completed in about a week after sexual intercourse.

Fifthly, formation of other associate membranes.

leave the doctrine of generation still surrounded with many difficulties, have sufficiently established the following positions : —

First, that in all ordinary cases, the male semen enters into the uterus at the time of coition ; and that in those cases in which it does not or cannot enter immediately, from the extreme length of the vagina, as in some quadrupeds, or from a greater or less degree of imperforation of the vaginal passage, it is conveyed there soon afterwards, in consequence of its proximity of situation.

Secondly, that the uterus itself, worked up at this time to the highest pitch of excitement, secretes also some portion of a peculiar fluid, the female semen of the Epicurean philosophers, with which the male semen combines, and which is probably the basis of the membranes soon afterwards prepared for the fetus.

Thirdly, that the Fallopian tubes at this period become rigid ; their fimbriæ embrace the ovaria ; and consequently form a direct channel of communication between the ovaria and the uterus : that what were formerly supposed to be vesicles are real ovula ; and that one of them, detached by the momentary shock or excitement, bursts from its nucleus or matrix, enters into one of the open mouths of the fimbriæ of the Fallopian tube, and, in consequence, into the tube itself, by which it is conveyed to the uterus ; an effect, however, which does not seem to take place during the act of coition, since the ovulum is seldom found, even in the Fallopian tube, till some time afterwards : and that, as soon as the ovulum has thus escaped, the lips of the wound, hereby made in the side of the ovary, are closed by an external cicatrix, and indented with a small cavity, which forms what is meant by a corpus luteum.

Fourthly, that the cervix of the uterus is, from this time, closed in its canal toward its upper part, so as to prevent a second fetation by the introduction of fresh male semen ; while the internal surface of this organ becomes lined with a fine coagulable and plastic lymph, being probably the fluid secreted at the moment of intercourse ; which assumes a thin membranous form, and has been called tunica caduca or decidua, and constitutes the uterine ovum or egg of the fetus ; this important part of the process seeming to take place about a week after the time of copulation. In the rabbit, Mr. Cruikshank found it as early as the fourth day.

Fifthly, that for the better protection and nutrition of the fetus, the walls of the uterine ovum are multiplied ; and that hence, while the tunica caduca itself possesses a duplicature, which is called tunica reflexa, there are also two other membranes, by which the decidua is lined, denominated chorion and amnion, both which are filled with peculiar fluids ; the fluid of the chorion occupying the space between itself and the amnion which it surrounds ; and the fluid of the amnion occupying the whole of the interior, which is distended with it like a bladder. *

* Dr. William Hunter was the first who gave just views of the decidua, the membrana exterior ovi of Haller, and showed that it consisted, at least at one period of utero-gestation, of two folds. The chorion he described as the third membrane of the ovum from the second to the fifth month, and as the second membrane after the latter period. It was also Dr. Hunter that divided the placenta into the maternal and fetal portions, which, according to his views, did

Sixthly, that the medium of connection between the fetus and the mother is the umbilical cord and the placenta * into which it is distributed; the former consisting of an artery from each of the fetal iliaes, and a vein running to the fetal liver twisted spirally and surrounded by a common integument; and the latter consisting of two parts, an uterine or spongy parenchyma, derived from the decidua, and a fetal parenchyma consisting of a great multitude of exquisitely beautiful knotty flocculi that cover the chorion, and constitute not only an organ of nutriment, but, as was first ingeniously supposed by Sir Edward Hulse, of oxygenation. In both these organs Sir Everard Home appears, by the assistance of Mr. Bauer's extraordinary microscopical powers, to have detected a few silvery lines, or rather continuous chains of nerves †, and to have shown the probability of there being an order of vessels in these organs, which were peremptorily denied to exist by Haller. These experiments, however, seem to require confirmation.‡

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Sixthly the medium of connection between the child and the mother, the umbilical cord and placenta.

not communicate with each other. These accounts received implicit belief in the medical schools of England and the Continent for nearly half a century. See Edin. Med. and Surg. Journ., No. cxviii. p. 156. — ED.

* Rouhault, in the Mem. of the Acad. of Sciences for 1714, 1715, and 1716, published descriptions of the placenta, which, he maintained, was produced by a thickening of the chorion, while its spongy tissue was formed solely by an assemblage of capillary veins from the umbilical vessels. He also denied that any anastomoses existed between the vessels of the placenta and those of the womb. In 1734, Dr. Simson, of St. Andrew's, undertook to prove, that the placenta was formed from the chorion — a doctrine revived by M. Breschet. (See his Etudes Anatomiques, &c. de l'Œuf dans l'Especie Humaine, &c. 4to. Paris, 1832.) In 1754, Albinus represented the placenta to be formed of blood-vessels, cellular tissue, and membranous investments derived from the chorion. (Annot. Acad.) See a valuable review of Breschet's work, and of Velpeau's Embryologie, in the Edin. Med. and Surg. Journ., No. cxviii. January, 1834. — ED.

† Phil. Trans., 1825. Croonian Lecture.

‡ The structure of the human placenta, and its connection with the uterus, form a subject that has engaged a great deal of attention, and more particularly at the present time, in consequence of the investigations of Dr. Robert Lee, which lead to so different a view from what was promulgated by the two Hunters. In a communication to the Royal Society, Dr. Lee described certain appearances which he observed in the examination of six gravid uteri, and many placentaë expelled in natural labour, which seem to him to warrant the conclusion, that the human placenta does not consist of two parts, maternal and fetal; that no cells exist in its substance; and that there is no communication between the uterus and placenta by large arteries and veins. The whole of the blood sent to the uterus by the spermatic and hypogastric arteries, except the small portion supplied to its parietes and to the membrana decidua by the inner membrane of the uterus, appears to Dr. Lee to flow into the uterine veins or sinuses, and, after circulating through them, is returned into the general circulation of the mother by the spermatic and hypogastric veins, without entering the substance of the placenta. The deciduous membrane being, according to Dr. Lee, interposed between the umbilical vessels and the uterus, whatever changes take place in the fetal blood must result from the indirect exposure of this fluid, as it circulates through the placenta, to the maternal blood flowing in the great uterine sinuses. (See Phil. Trans.) With reference to these points, it merits notice, that M. Velpeau admits that Dr. Lee's statement of the large vessels of the womb not communicating with any corresponding vessels of the placenta is perfectly well founded; but he considers Dr. Lee to be erroneous in representing the decidua to be interposed between the womb and the placenta, and, in his own opinion, the chorion adheres directly to the uterine surface, though it is admitted, at the same time, that the uterine sinuses are closed by membranous pulpy matter.

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process.

Seventhly, the first vestige of the embryo visible about the third week after impregnation, and its shape reniform.

III. Difficulties that are felt to accompany the above position.

First difficulty, that of the ascent of the male semen to the ovum.

Examined and replied to.

Proofs that the semen has sometimes ascended even to the ovarium.

Seventhly, that about the third week, or as soon as the uterine ovum is thus prepared for its reception, we can trace the first vestige of the embryo, oval in its shape, and resembling a minute bean or kidney, swimming in the fluid of the amnion, and suspended by the umbilical cord, which has now shot forth from the placenta. From this reniform substance the general figure pallulates, the limbs are protruded, and the face takes its rise.

III. The chief difficulties that have been felt, as accompanying these positions, and the general doctrine that flows from them, are the following : —

First, as to the mode by which the male semen is conveyed to the ovulum in the Fallopian tube.

Secondly, the occasional existence of corpora lutea in the ovaria of virgins, or of those who, from misformation, have been incapable of indulging in sexual commerce.

Thirdly, the occasional detection of a full-sized fetus in the uterus without any placenta, umbilical cord, or mark of an umbilicus.

The first of these difficulties was originally started, as we have already observed, by Dr. Harvey, who contended, that, in the case of cows, whose vagina is very long, as well as in various other cases, the semen cannot possibly reach even the uterus; and that hence there is no reason to suppose it ever reaches it. It was not then known, that impregnation commences in the Fallopian tube, and that it must also reach this canal as well; which, by Harvey, would have been received as an objection still more triumphant.

By what means the ejected semen is conveyed into the uterus we do not, indeed, very clearly know even to the present hour; but that it is so conveyed, and even in animals in which the male organ can by no means come in contact with it, has been proved by incontrovertible facts. Mr. John Hunter killed a bitch in the act of copulation, and found that the semen was then existing in the cavity of the uterus, in his opinion carried there per saltum. Now, if it reach the uterus, there can be no difficulty in conceiving, that it may also reach the Fallopian tubes, which by one end open into the uterus; sucked in, perhaps, as supposed by M. Blumenbach, by the latter organ during the thrilling orgasm of the moment. Leewenhoeck and Hartsoecker seem, indeed, to have removed the difficulty altogether, by having, in some instances, detected the seminal fluid in the Fallopian tubes themselves.* And there seems great reason to believe, that it has occasionally entered the ovarium, and even produced impreg-

* In May, 1827, Mr. H. Bond, of Philadelphia, was invited by Dr. S. Tucker to examine the body of a female, between 18 and 20 years of age, who had destroyed herself by taking a large quantity of laudanum. She had passed the whole or the greater part of the night in the arms of a young man, and before break of day destroyed herself by swallowing a strong dose of laudanum. Mr. Bond removed the whole of the genito-urinary organs, and took them home for minute examination. Among other circumstances, the following ones were noticed: — “ The internal surface of the uterus was lined with a matter having the appearance of semen, and giving out strongly the peculiar odour of that fluid, and the neck of the organ was filled with the same matter. One of the Fallopian tubes (the only one examined) seemed to contain a similar fluid, but the seminal odour was not here well marked. When this matter was removed from the surface of the uterus, the lining membrane appeared extremely vascular,

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nation in that organ instead of in the uterus, where an obstruction has been offered to the descent of an ovulum into the fimbrial openings of the tube, after its detachment: for we cannot otherwise readily account for the formation of fetuses in the ovarium; facts, however, well known to occur, and of which Mr. Stanley has given a singular instance*, and Dr. Granville a still more extraordinary example, the fetus at its examination appearing perfect, and four months old.†

[It appears now to be fully proved, that “*if the canal leading from the orifice of the vagina to the ovaries be interrupted, conception never takes place.*” When the interruption results from obliteration of the vagina, the sexual appetite remains unaffected; but, when the cause, which has produced it, is the division of the Fallopian tubes, desire appears to be lost, as well as the capacity of being impregnated.” The experiments of Dr. Blundell show, that the division of the vagina prevents conception.‡ In several female rabbits, Dr. Haighton divided the Fallopian tubes, and found that the animals invariably lost the sexual appetite. When the Fallopian tube on one side only was divided, the same result generally ensued. In a few cases, however, the animals thus mutilated admitted the male, and became impregnated; but the horn of the uterus, on the side on which the Fallopian tube had been divided, never contained ova.§]

The second difficulty is also capable of a plausible answer; but not quite so satisfactory as the preceding.

Second difficulty.

There can be no doubt, that the ovarium is directly concerned in the great business of generation; for, it is well known, that the operation of spaying or excising the ovaries corresponds in females to that of castration in males. It takes off, not only all power of production, but all desire. And, in a recent volume of the Philosophical Transactions, there is the case of a natural defect of this kind in an adult woman, who, in like manner, had never evinced any inclination for sexual union, and had never menstruated; and who on dissection was found, with the deficiency of ovaria, to have the uterus only of the size of an infant's, a very narrow pelvis, and no hair on the pubes.||

Examined and replied to.

It seems, also, perfectly clear, that in conception an ovum does really descend from the ovarium into the uterus within a few days after sexual intercourse has taken place: in proof of which it will be sufficient to quote the following curious historical fact from Sir Everard Home¶, who appears to have traced its path very accurately: —“A servant maid, twenty-one years of age, died of an epileptic fit seven days after coition, there being circumstances to prove that she could not have seen her lover after the day here adverted to, nor for many days before. The sexual organs were

Case in exemplification, from Home.

like the conjunctiva in cases of acute ophthalmia, or, as if it had been injected with vermilion.” See Lancet for 1833-4, p. 114. — ED.

* Med. Trans., vol. vi. art. xvi.

† Phil. Trans., 1820, p. 101. It is contrary to the anatomy of the parts to fancy, that the semen enters the ovary; nor could we explain by any such doctrine the occasional formation of parts of the foetus in the male subject. — ED.

‡ Med. Chir. Trans., vol. x. p. 50.

§ See Phil. Trans., vol. lxxxv. p. 108. and Mayo's Outlines, p. 471.

|| Vol. for the year 1805, p. 226.

¶ Id., 1817, p. 252.

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submitted to dissection: the right ovarium had a small torn orifice upon the most prominent part of its external surface, which led to a cavity filled with coagulated blood, and surrounded by a yellowish organised structure: its inner surface was covered with an exudation of coagulable lymph. A minute spherical body, supposed to be an ovum, was concealed in the cavity of the womb among the long fibres of coagulable lymph which covered its inner surface, and especially towards the cervix. This supposed ovum was submitted to the microscopical powers of M. Bauer, who has made various drawings of it, and who detected in it two projecting points, which are considered as the future situations of the heart and brain."

[M. Bauer is stated to have repeatedly verified the preceding observation in animals; and also to have ascertained, that the corpora lutea, when the ova are fit for fecundation, burst and expel their contents, and subsequently shrink and disappear. "These interesting observations," says Mr. Mayo *, "have the advantage of bringing under one theory all the instances of generation with separate organs, by proving, that, in the case of mammalia, as in other animals and in plants, an ovum is prepared by the female, previously to a fruitful connection."]

Time of the descent of the ovum to the uterus not precisely ascertained.

What exact period of time the ovum demands to work its way down the tube into the uterus, has not been very accurately ascertained. That it does not descend at once is admitted on all hands; and there can be no doubt that, in different kinds of animals, a different period is requisite. Mr. Cruikshank, whose experiments were confined to rabbits, ascertained that, in this species, the ovum demanded for its journey about forty-eight hours. In the case just alluded to, seven days had elapsed, and consequently a period perfectly sufficient seems to have been given for the purpose, and there can be little doubt, that the minute body, observed in the cavity of the uterus, was a genuine impregnated ovum that had completed its travels.

Whence corpora lutea in virgins, or where no copulation has occurred.

Of the fact itself no question.
Exemplified.

But whence comes it to pass, if the copulative percussion, felt through every fibre, be the cause of the detachment of ova or ovula from the ovaria, that examples should be found of a like detachment, and consequently of a formation of corpora lutea in cases where no copulation has ever taken place? Of the fact itself there is no question.† "Upon examining," says Sir Everard Home, "the ovaria of several women who had died virgins, and in whom the hymen was too perfect to admit of the possibility of impregnation, there were not only distinct corpora lutea, but also small cavities round the edge of the ovarium, evidently left by ova, that had passed out at some former period, so that this happens during the state of virginity."‡ Professor Blumenbach has met with similar examples. An endeavour has been made to account for the fact, first, by supposing that the females, thus circumstanced, must have been of a peculiarly amorous disposition, and at particular times morbidly excited by a venereal orgasm originating in their own persons alone, without any intercourse with the male sex. And next, that a high-wrought excitement of this kind may be sufficient

Accounted for by a supposition that they are produced by an organic impulse operating on the persons of

* Outlines of Human Physiology, p. 466. 2d edit.

† The fact of birds laying eggs, without the co-operation of the male, which gs, however, are unproductive, is familiarly known. — ED.

‡ Phil. Trans., 1817, ut supra.

to produce such an effect, and to lead to the first and most important step in the generative process. All this is highly ingenious, but we seem at present to want facts to justify us in offering such an explanation. "We cannot doubt," says Sir Everard Home, "that every time a female quadruped is in heat, one or more ova pass from the ovarium to the uterus, whether she receives the male or not."* And to the same effect Professor Blumenbach, who first launched this opinion in 1788, before the Royal Society† of Göttingen:—"The state of the ovaria," says he, "of women, who have died under strong sexual passion, has been found similar to that of rabbits during heat." And in confirmation of this he adds:—"In the body of a young woman, eighteen years of age, who had been brought up in a convent, and had every appearance of being a virgin, Valisneri found five or six vesicles *pushing forward* in one ovarium, and the correspondent Fallopian tube redder and longer than usual, as he had frequently observed in animals during heat. Bonet," he adds, "gives the history of a young lady, who died furiously in love with a man of low rank, and whose ovaria were turgid with vesicles of great size." In neither of these cases, however, do we meet with ovula actually detached, and still less with corpora lutea. Add to which, that not only corpora lutea, but detached ovula, and even imperfect fetation, have at times been found in the ovaries of infants of ten or twelve years of age, who can scarcely be suspected of any such erethism: a very curious instance of which we shall have to quote from Dr. Baillie, under the genus *Præotia*.‡

I am aware, that the same explanation has been adopted by M. Cuvier, indeed it is difficult to adopt any other, but direct facts in support of it are as wanting in him as well as in the authorities just referred to. There is an indirect fact appealed to, however, by the last, which is well worth noticing for its curiosity, whatever degree of bearing it may have upon the present question. After observing that a corpus luteum is not positive evidence of impregnation, he adds, nor does the existence of a decidua in the uterus constitute better evidence of the same, since it has sometimes happened that, at each period of painful menstruation, the excitement of the uterine vessels has produced a perfect decidua not to be distinguished from that belonging to an ovum. The present author has never met with a case of this kind, but of the fact itself there seems no doubt: Morgagni has given one striking instance of it in his day §, and Mr. Stanley another in our own. || To explain the origin of such a membrane under such circumstances is by no means difficult, as it follows upon the common principle, by which other membranous or membrane-like tunics are produced in other hollow organs in a state of peculiar irritation, of which some curious examples have already been offered under *DIARRHŒA TUBULARIS*. ¶ The peculiar character of the membrane must necessarily be governed by the character of the organ in which it

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females of a highly amorous disposition.

The facts alluded to not quite satisfactory upon this point, though offered by Home, and Blumenbach,

and Cuvier.
Indirect support from another curious fact.

Origin of this membrane explained.

* Phil. Trans. 1817, ut suprâ.

† Specimen Physiologiæ comparatæ. Comment. Soc. Reg. Scientiæ Göttingens., vol. ix. 128.

‡ Class v. Ord. II. Gen. II. Spec. II. of the present volume.

§ De Sed. et Caus. Morb. Ep. || Med. Trans., vol. vi. art. xvi.

¶ Vol. i. p. 209.

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 Does not afford much support to the common conjecture.
 Third difficulty : growth and support of fetus where no placenta or umbilical cord.
 What is the substitute on such occasions?
 This singular fact triumphantly appealed to by the advocates for the doctrine of epigenesis, as overthrowing the doctrine of evolution.
 The fact itself flatly denied by some of their opponents.
 The first party object unphilosophically.

is formed. Upon the whole, it does not seem to afford much support to the argument in whose favour it is appealed to, and the subject requires further investigation.

The third difficulty, attendant upon the common doctrine of the day, which supposes the fetus to hold its entire communication with, and to derive its blood, nutriment, and oxygen from the mother by means of the placenta and umbilical cord, is founded upon the occasional instances of fetuses of large and even full growth being found in the womb, and even brought forth at the proper period without any placenta, or at least one of any utility, without any umbilical cord, or even the trace of an umbilicus. Admitting the course just glanced at to be the ordinary provision of nature, what is the substitute she employs on these occasions? the means by which the bereft fetus is supplied with air and nourishment?

The advocates of the doctrine of epigenesis, as new modelled by the hands of Buffon and Darwin, triumphantly appeal to these curious deviations from the established order of nature, as effecting a direct overthrow of the doctrine of evolution by an impregnated ovum; while the supporters of the latter doctrine have too generally cut the question short by a flat denial of such monstrous aberrations.

There is little of the true spirit of philosophy in either conduct. Admitting the existence of such cases, they just as much cripple the one doctrine as the other; for, granting the explanation, which is usually offered by the former, the ordinary machinery of a placenta and an umbilical cord becomes immediately a work of supererogation — a bulky and complicated piece of furniture, to which no important use can be assigned, and which the overloaded uterus might be well rid of.

But, on the contrary, to deny the existence of well-established and accumulated facts, merely because we cannot bend them to our own speculation, is still weaker and more reprehensible.*

* As a great deal of the mystery and obscurity of the process of reproduction in the animal world, and much of the difficulty of explaining several of its phenomena, are naturally connected, as a critical writer justly observes, with the anatomical facts of the new formation at different periods of its progress, it has been always a most essential step in the enquiry to determine the anatomical structure of its different parts. "From this circumstance it has resulted, that all theories of the process of reproduction, framed at periods when anatomy was either little or imperfectly cultivated, and before precision in anatomical enquiry was observed, have been extremely erroneous and fallacious. In the class of warm-blooded viviparous animals, or those provided at once with a womb and mammæ, the union of the sexes, if efficient, gives rise to the formation of a new product, which is destined to be attached for a definite time to the inner surface of the womb, in one form of existence or vital action, and thence to be separated in order to become the seat of a different and new species of vital action. The new product thus formed, or ovum, as it is generally denominated, if examined at any given time, is found to consist of certain constituent parts, which may be distinguished into two general divisions; one, which is the germ or rudiment of the future being, and, consequently, contains more or less completely the representative form or rudiment of all the parts of that being, and is destined for a comparatively permanent existence; the other certain parts which, either as investments of this rudimental being, or as the medium of its attachment to the inner surface of the womb and its nutrition while there, are limited in the duration of their existence to the period at which the newly-formed being is detached from the body of its mother. If the ovum, or product of generation thus defined, be examined in any of the mammiferous animals, it is found that the

The kangaroo, opossum, and wombat, all breed their young without either placenta or navel-string. The embryos are enclosed in one or more membranes, which are not attached to the coats of the uterus, and are supplied with nourishment, and apparently with air from a gelatinous matter by which they are surrounded. Hoffman gives us the case of a fetus, born in full health and vigour, with the funis sphacelated and divided into two parts.* Vander Wiel gives the history of a living child exhibited without any umbilicus, as a public spectacle†; and, in a foreign collection of literary curiosities, is the case of a hare which was found, on being opened, to contain three leverets, two of them without a placenta or umbilical vessels, and the other with both.‡ Ploucquet has collected a list of several other instances in his *Initia*; § but perhaps the most striking example on record is one, which occurred to the present author in December, 1791, an account of which he gave to the public in 1795. || The labour was natural, the child, scarcely less than the ordinary size, was born alive, cried feebly once or twice after birth, and died in about ten minutes. The organisation, as well external as internal, was imperfect in many parts. There was no sexual character whatever, neither penis nor pudendum, nor any interior organ of generation: there was no anus nor rectum, no funis, no umbilicus; the minutest investigation could not discover the least trace of any. With the use of a little force, a small shrivelled placenta, or rather the rudiment of a placenta, followed soon after the birth of the child, without a funis or umbilical vessels of any kind, or any other appendage by

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And still more unphilosophical a denial of the second, merely because no explanation of the occurrence.

Illustrations of the fact.

Striking case that occurred to the present author.

former assemblage of parts cannot be recognised with the same distinctness and perfection in the early as in the latter period of utero-gestation; and that there is a period, even after prolific sexual intercourse, in which it cannot be demonstrated in any form. It is different, however, with the second assemblage of parts. The existence of these can be perceived at a very recent period after impregnation; and they are believed, on very good evidence, if not to commence, at least to precede, the organism of the new body. The great problem in the solution of the principal difficulties of the process of generation is to determine the relation of these two orders of organised parts; to discover how much of the existence and developement of the one depends on that of the other; to unfold the mechanism of their formation, and to understand the nature of the process by which they are produced. It is manifest that it is impossible to attain the last of these objects, without a thorough knowledge of the anatomical peculiarities of both assemblages of parts; and if, in any situation, the previous knowledge of the structure of organs be necessary to explain their properties and functions, it is in that of the process of reproduction. There is in this enquiry, however, this peculiar difficulty, that the parts are not at all periods after the process of impregnation exactly the same in appearance and disposition; and it is even uncertain whether they are the same in number. The ovum appears to pass through a succession of stages, in each of which it presents different aspects, and acquires new parts; while some, formerly distinct, disappear, or are blended with others." (See *Edin. Med. and Surg. Journ.*, No. cxviii. pp. 153, 154.) According to Lobstein, the vesicula umbilicalis, the uses of which are unknown, is restricted to a particular stage of the life of the embryo; and a similar remark applies to the omphalo-mesenteric vessels. — Ed.

* *Op. de Pinguedine.*

† *Observ. Cent. post.*

‡ *Commerc. Liter. Norimberg.*

§ *Initia Bibliothecæ, Medico-Pract. et Chirurg.*, tom. iii. p. 554. 4to. Tübing. 1794.

|| Case of Preternatural Fetation, with observations: read before the Medical Society of London, Oct. 20. 1794.

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ties accompany-
ing the subject
of generation.

Subject for-
merly discussed
with much
ability and at
great length in
the Edinburgh
Medical Essays.
Supported by
Gibson.

Opposed by
Monro.

which it appeared to have been attached to the child. No hæmorrhage, nor even discoloration, followed its removal from the uterus. In a quarter of an hour afterwards, a second living child was protruded into the vagina and delivered with ease, being a perfect boy attached to its proper placenta by a proper funis. The author dissected the first of these shortly after its birth in the presence of two medical friends of distinguished reputation, Dr. Drake of Hadleigh, and Mr. Anderson of Sudbury, both of whom are still able to vouch for the correctness of this statement. On the present occasion, however, it is not necessary to follow up the amorphous appearances any further, as they are already before the public, except to state, that the stomach, which was natural, was half filled with a liquid resembling that of the amnios.

This subject has been ably discussed by Professor Monro and Mr. Gibson.* The latter, giving full credit to the few histories of the case then before the world, endeavours very ingeniously to account for the nutriment of the fetus by the liquor amnii, which he conjectures to be the ordinary source of supply, and not the placenta. The chief arguments are, that the embryo is at all times found at an earlier period in the uterus than the placenta itself; which does not appear to be perfected till two or three months after conception; and, consequently, that the embryo must, thus far, at least, be supported from some other source than the placenta; and if thus far, why not through the whole term of parturition? That extra-uterine fetuses have no placenta, and yet obtain the means of growth and evolution from the surrounding parts. That the liquor amnii is analogous in its appearance to the albumen of a hen's egg, which forms the proper nourishment of the young chick: that it is found in the stomach and mouths of viviparous animals when first born; and that it diminishes in its volume in proportion to the growth of the fetus.†

To these arguments it was replied by Professor Monro, that we have no satisfactory proof that the liquor amnii is a nutritive fluid at all, and that in the case of amorphous fetuses, produced without the vestige of a mouth or of any other kind of passage leading to the stomach, it cannot possibly be of any such use: that if the office of the placenta be not that of affording food to the embryo, it becomes those who maintain the contrary to determine what other office can be allotted to it; and that, till this is satisfactorily done, it is more consistent with reason to doubt the few and unsatisfactory cases at that time brought forward, than

* Edin. Med. Essays, vol. i. art. XIII., vol. ii. art. ix. x. xi. See also Dr. Fleming's paper. Phil. Trans., vol. xlix. 1775-6, p. 254.

† The fluid of the vesicula umbilicalis is regarded by M. Velpeau and some other physiologists in a similar light, namely, as a nutritious substance — a kind of oil — like the vitelline fluid of the chick; and he thinks that it contributes to the development of the embryo, until the cord and the vessels are formed, and until the ovulum is exactly applied to the inner surface of the womb. (See his *Embryologie*, &c. Paris, 1833.) In short, the vesicula umbilicalis seems to him to be analogous to the vitelline sac of the chick, which it resembles in shape, position, its connection with the intestines, the structure of its parietes, and the quality of its fluid. The theory here adverted to, however, is far from being well established; and is, perhaps, not better supported than Mr. Gibson's hypothesis respecting the use of the liquor amnii. — ED.

to perplex ourselves with facts directly contradictory of each other.

For the full scope of the argument, the reader must turn to the Edinburgh Medical Essays themselves, or, for a close summary, to the present author's observations appended to his own case. It must be admitted, that the instances, adverted to in the course of the discussion, are but few, and most of them stamped with something unsatisfactory. Others, however, might have been advanced even at that time on authorities that would have settled the matter of fact at once, how much soever they might have confounded all explanation. But, after the history just given, and the references to other cases by which it may be confirmed, this is not necessary on the present occasion, as it is now well ascertained, that the human embryo is always supported for several weeks in the commencement of gestation without a placenta *; and in various other mammalia, as the mare, ass, camel, and hog, besides those just adverted to, through its entire period. These animals being uniformly destitute of such an organ, the surprise is in some measure removed, which would otherwise be natural on finding a single instance of a like destitution through the whole term of human pregnancy. †

It is singular that the subject of aeration, which forms another difficulty in discussing the question, is not dwelt upon on either side, notwithstanding the ingenious conjecture of Sir Edward Hulse, that the placenta might be an organ of respiration as well as of nutrition, had at this time been before the public for nearly half a century; and it shows us how slow the best founded theories not unfrequently are in obtaining the meed of public assent, to which they are entitled from the first.

These, however, are only a few of the peculiar difficulties that still accompany the subject of generation, to whatever doctrine we attach ourselves. There are others that are more general, but equally inexplicable. The whole range of extra-uterine fe-

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In this discussion the doctrine of aeration not adverted to.

Other difficulties of a more general kind, but quite as inexplicable.

* This statement is at variance, however, with the result of the investigations of M. Velpeau, who describes the developement of the placenta as commencing the moment the ovulum enters the uterus, and not, as some writers have represented, three or four months after gestation. (See his *Embryologie, ou Ovologie Humaine*, fol. Paris, 1833.) How many unsettled points are there in what may be regarded as the anatomical facts appertaining to this difficult subject! — ED.

† See Phil. Trans. 1822, art. xxix. on the Placenta, by Sir Everard Home, Bart. M. Velpeau infers, that the fœtus does not receive from the womb blood completely elaborated, but a fluid of different chemical properties and general constitution, being more serous, less coagulable, and having much smaller globules. (*Embryologie, &c.* Paris, 1833, fol.) However, the editor is disposed to join a critical writer in the belief, that it is physiologically erroneous to imagine it necessary for the fœtus or ovum to receive blood in any shape from the uterus. "What is the use of the complicated but beautiful arrangement of membranes, vessels, and placenta, unless it were that these parts were perfectly competent to derive the materials of blood from the womb, without the intervention of actual vascular canals conveying red, completely-formed blood? Physiologists, in this enquiry, seem to forget or overlook the fact, that the ovum, after fecundation is a new being, which has received the principle of life, and that, by virtue of this principle, it is quite capable of attaching itself to any living tissue, and deriving from that tissue the materials of nutriment, as is abundantly evinced in Fallopian and also extra-uterine pregnancies, in which the peritonæum serves as a uterine surface for a time." See *Edin. Med. and Surg. Journ.*, No. cxviii. p. 174. — ED.

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Extra-uterine fetuses developed without placenta or amnios.

Amorphous births of various kinds equally unaccountable.

Transmission of talents, defects, or other peculiarities from generation to generation.

Influence of the male extended beyond a single impregnation.
in the mare.

tuses is of this character; often formed and nourished and developed without either a placenta or an amnios, and yet sometimes advancing, even in the remote cavity of the ovary, and perfect in every organ, to the age of, at least, four months, of which we have already offered an example. A great part of the range of amorphous births defy equally all mental comprehension; particularly the production of monsters without heads or hearts, some of whom have lived for several days after birth*; others consisting of a head alone, wholly destitute of a trunk, and yet possessing a full developement of this organ; a specimen of which was lately in the possession of Dr. Elfes, of Neuss, on the Rhine†; and others again, the whole of whose abdominal and thoracic viscera has been found transposed.‡

Nor less inexplicable is the generative power of transmitting peculiarities of talents, of form §, or of defects, in a long line of hereditary descent, and occasionally of suspending the peculiarity through a link or two, or an individual or two, with an apparent capriciousness, and then of exhibiting it once more in full vigour. The vast influence which this recondite, but active, power possesses, as well over the mind as the body, cannot, at all times, escape the notice of the most inattentive. Not only are wit, beauty, and genius propagable in this manner, but dulness, madness, and deformity of every kind.

[Mr. Mayo supports the opinion, that the physical and moral constitution of the infant have a greater resemblance to those of the father, than to those of the mother. The offspring of a black man and a white woman are observed to be darker than that of a black woman by a white. This doctrine, in relation to form, complexion, and moral character, among Europeans at least, has so many exceptions, that its correctness seems doubtful. The following statements, introduced into this gentleman's "Outlines of Physiology," and closely connected with some observations at the commencement of this preliminary physiological discourse, are highly interesting. Some remarkable instances, which have recently attracted notice, seem to show, that, in the higher animals, the influence of the male is extended even beyond a single impregnation. A seven-eighths Arabian mare, belonging to the Earl of Morton, which had never been bred from before, had a mule by a quagga: subsequently she had three foals by a black Arabian horse. The first two of these are thus described. They have the character of the Arabian breed as decidedly as can be expected, where fifteen sixteenths of the blood are Arabian; and they are fine specimens of that breed; but, both in their colour, and in the hair of their manes, they have a striking resemblance to the quagga. Their colour is bay, marked more or less like the

* See for examples and authorities the author's volume of Nosology, p. 538.

† Hufeland, *Journal der Practischen Heilkunde*, Apr. 1816.

‡ Samson, *Phil. Trans.*, 1674. Smithers, who was executed at the Old Bailey, two years ago, for setting fire to a house in Oxford Street, and occasioning the loss of life to some of its inhabitants, furnished an example of such transposition. The preparation is contained in the museum of the London University. — Ed.

§ See Sir E. Home's Paper on Impressions produced on the Fetus in the Womb. *Phil. Trans.*, 1825, p. 75.

quagga, in a darker tint. Both are distinguished by the dark line along the ridge of the back, the dark stripes across the forehead, and the dark bars across the back part of the legs. Both their manes are black; that of the filly is short, stiff, and stands upright: that of the colt is long, but so stiff as to arch upwards, and to hang clear of the sides of the neck; in which circumstance it resembles that of the hybrid. This is the more remarkable, as the manes of the Arabian breed hang lank, and closer to the neck than those of most others.* A similar occurrence to the preceding is mentioned by Mr. Giles respecting a litter of pigs, which resembled in colour a former litter by a wild boar. The explanation of these phenomena, preferred by Mr. Mayo, is the supposition, that the connection with the male produces a physical impression, not merely upon the ova, which are ripe for impregnation, but upon others, likewise, that are at the time immature. In gallinaceous birds, in turkeys for instance, it is well known that a single coitus will actually impregnate all the ova that are laid during the breeding season. The explanation, here quoted, he deems more reasonable than any supposed influence of the imagination.†]

CLASS V.
III. Difficulties accompanying the subject of generation.

In the sow.

Mr. Mayo's explanation of such facts.

Even where accident, or a cause we cannot discern, has produced a preternatural conformation or singularity in a particular organ, it is astonishing to behold how readily it is often copied by the generative power, and how tenaciously it adheres to the future lineage. A preternatural defect in the hand or foot has, in many cases, been so common to the succeeding members of a family, as to lay a foundation in every age and country for the family name, as in that of Varro, Valgius, Flaccus, and Plautus at Rome. Seleucus had the mark of an anchor on his thigh, and is said to have transmitted it to his posterity; and supernumerary fingers and toes have descended in a direct line, for many generations, in various countries. Hence, hornless sheep and hornless oxen produce an equally hornless offspring; and the broad-tailed Asiatic sheep yields a progeny with a tail equally monstrous, often of not less than half a hundred pounds weight. And hence, too, those enormous prominences in the hinder parts of one or two of the nation at the back of the Cape of Good Hope, of which examples have been furnished to us in our own island.

Further illustrated.

How are we moreover to account for that fearful host of diseases, gout, consumption, scrofula, leprosy, and madness, which, originating perhaps in the first sufferer accidentally, are propagated so deeply and so extensively, that it is difficult to meet with a family, whose blood is totally free from all hereditary taint? By what means this predisposition may be best resisted, it is not easy to determine. But, as there can be no question that intermarriages, among the collateral branches of the same family, tend more than any thing else to fix and multiply and aggravate it, there is reason to believe, that unions between total strangers, and perhaps inhabitants of different countries, form the surest antidote. For admitting that such strangers to each other may be tainted on either side with some morbid predisposition peculiar to their respective lineages, each must lose something of its influence by the

Transmission of diseases.

By what means such transmissions may be best opposed.

* Phil. Trans., 1821, p. 21.

† See Mayo's Outlines of Human Physiology, 2d edit. p. 489.

CLASS V.

III. Difficulties accompanying the subject of generation.

Wisdom of the restraints of divine and human laws on intermarriages between near relations.

Quaint remedy proposed by Burton.

Severe law formerly in existence in Scotland.

mixture of a new soil ; and we are not without analogies to render it probable that, in their mutual encounter, the one may even destroy the other by a specific power. And hence, nothing can be wiser, on physical as well as on moral grounds, than the restraints, which divine and human laws have concurred in laying on marriages between relations ; and though there is something quaint and extravagant, there is something sound at the bottom, in the following remark of the sententious Burton upon this subject : — “ And surely,” says he, “ I think it has been ordered by God’s especial providence, that, in all ages, there should be, once, in six hundred years, a transmigration of nations to amend and purify their blood, as we alter seed upon our land ; and that there should be, as it were, an inundation of those northern Goths and Vandals, and many such like people, which came out of that continent of Scandia and Sarmatia, as some suppose, and over-ran, as a deluge, most part of Europe and Africa, to alter, for our good, our complexions that were much defaced with hereditary infirmities, which by our lust and intemperance we had contracted.” * Boethius informs us of a different and still severer mode of discipline at one time established in Scotland for the same purpose, but which, however successful, would make, I am afraid, sad havoc in our own day, were it ever to be carried into execution. “ If any one,” says he, “ were visited with the falling sickness, madness, gout, leprosy, or any such dangerous disease, which was likely to be propagated from father to son, he was instantly castrated ; if it were a woman, she was debarred all intercourse with men ; and if she were found pregnant with such complaint upon her, she and her unborn child were buried alive.” †

* Anatomy of Melancholy, vol. i. part I. sect. II. p. 89. 8vo.

† De Veterum Scotorum Moribus, lib. I.

CLASS V.
GENETICA.

ORDER I.
CENOTICA.

DISEASES AFFECTING THE FLUIDS.

MORBID DISCHARGES ; OR EXCESS, DEFICIENCY OR IRREGULARITY
OF SUCH AS ARE NATURAL.

THIS order, the name of which is derived from Galen, and has been explained already, is designed to include a considerable number of diseases, which have hitherto been scattered over every part of a nosological classification, but which are related to each other, as being morbid discharges dependent upon a morbid condition of one or more of the sexual organs. The term employed might have been MEDORRHÆTICA, but that medorrhœa, as a genus, has been already employed by Professor Frank, of Paris, in a somewhat different, and, as it appears to the author, peculiarly indistinct sense ; as combining, under a single generic name, what seems to be a medley of diseases with no other connection than locality, or contiguity of organs, as mucous piles, fistula in ano, leucorrhœa, clap, gleet, syphilis, phimosis, paraphimosis, and what was formerly called hernia humoralis, by him named epidydimitis, the orchitis of the present system. The genera under this order are five, and may be thus expressed :—

CLASS V.
ORDER I.
Scope of the
order.

- I. PARAMENIA.
- II. LEUCORRHŒA.
- III. BLENNORRHŒA.
- IV. SPERMORRHŒA.
- V. GALACTIA.

- MISMENSTRUATION.
- WHITES.
- GONORRHŒA.
- SEMINAL FLUX.
- MISLACTATION.

GENUS I.

PARAMENIA.

MISMENSTRUATION.

MORBID EVACUATION, OR DEFICIENCY OF THE CATAMENIAL FLUX.

GEN. I.
Origin of
generic term.
Catamenia
incorrectly re-
garded as
blood; since it
has hardly any
property in
common with
it.

How distin-
guished by J.
Hunter.

By Cruikshank.

Further
illustrated.

Nosological
confusion from
not attending
to this dis-
tinction:

particularly in
Sauvages and
Cullen.

PARAMENIA is a Greek term derived from *παρὰ*, “male,” and *μήν*, “mensis.” The genus is here limited to such diseases as relate to the menstrual flux, or the vessels from which it issues. This fluid is incorrectly regarded as blood by Cullen, Leake, Richerand, and other physiologists; for, in truth, it has hardly any common property with blood, except that of being a liquid of a red colour. It is chiefly distinguished by its not being coagulable; and hence, when coagula are found in it, as in laborious and profuse menstruation, serum or blood is intermixed with it, and extruded either from atonic relaxation or entonic action of the menstrual vessels. “It is,” observes Mr. John Hunter, “neither similar to blood taken from a vein of the same person, nor to that which is extravasated by accident in any other part of the body; but is a species of blood, changed, separated, or thrown off from the common mass by an action of the vessels of the uterus similar to that of secretion; by which action the blood loses the principle of coagulation, and, I suppose, life.” Mr. Cruikshank supposes it to be thrown forth from the mouths of the exhaling arteries of the uterus, enlarged periodically for this purpose; and his view of the subject seems to be confirmed by a singular case of prolapse, both of the uterus and vagina, given by Mr. Hill, of Dumfries. In this case, the *os tinæ* appeared like a nipple projecting below the retroverted vagina, which assumed the form of a bag. The patient, at times, laboured under leucorrhœa: but it was observed that, when she menstruated, the discharge flowed entirely from the projecting nipple of the prolapse; while the leucorrhœa proceeded from the surrounding bag alone.*

As this distinction has not been sufficiently attended to, either by nosologists or physiologists, many of the diseases occurring in the present arrangement under paramenia have been placed by other writers under a genus named menorrhagia, which, properly speaking, should import hemorrhage (a morbid flow of *blood alone*) from the menstrual vessels. And we have here, therefore, not only a wrong doctrine, but the formation of an improper genus; for menorrhagia or uterine hemorrhage is, correctly speaking, only a species of the genus HÆMORRHAGIA, and will be so found in the present system, in which it occurs in Class III. Order IV. This remark applies directly to Sauvages; and quite as much so to Cullen, who, in his attempt to simplify, has carried the confusion even further than Sauvages. Few diseases, perhaps, of the uterus

* Edin. Med. Com., vol. iv. p. 91.

or uterine passage can be more distinct from each other than vicarious menstruation, lochial discharge, and sanious ichor; yet all these, with several others equally unallied, are arranged by Sauvages under the genus menorrhagia, though not one of them belongs to it. While Cullen not only copies nearly the whole of these maladies with the names Sauvages has assigned them, but adds to the generic list leucorrhœa or whites, abortion, and the mucous fluid, secreted in the beginning of labour from the glandulæ Nabothi at the orifice of the womb, and hence vulgarly denominated *show*, or appearance.

GEN. I.
Paramenia.

Menstruation may be diseased from obstruction, severe pain in its secretion, excess of discharge, transfer to some other organ, or cessation; thus offering us the five following species, accompanied with distinct symptoms:—

1. PARAMENIA OBSTRUCTIONIS.	OBSTRUCTED MENSTRUATION.	Specific divisions of morbid menstruation.
2. ————— DIFFICILIS.	LABORIOUS MENSTRUATION.	
3. ————— SUPERFLUA.	EXCESSIVE MENSTRUATION.	
4. ————— ERRORIS.	VICARIOUS MENSTRUATION.	
5. ————— CESSATIONIS.	IRREGULAR CESSATION OF THE MENSES.	

SPECIES I.

PARAMENIA OBSTRUCTIONIS.

OBSTRUCTED MENSTRUATION.*

CATAMENIAL SECRETION OBSTRUCTED IN ITS COURSE; SENSE OF OPPRESSION; LANGUOR; DYSPEPSY.

THIS species, by many writers called *menostatio*, appears under the two following varieties:—

GEN. I.
SPEC. I.

α Emansio. Retention of the menses.	The secretion obstructed on its accession, or first appearance. The feet and ankles œdematous at night; the eyes and face in the morning.
β Suppressio. Suppression of the menses.	The secretion obstructed in its regular periods of recurrence. Headache, dyspnœa, palpitation of the heart.

* The *amenorrhœa* of other medical writers, a term applied to every example of obstructed menstruation, except that resulting from pregnancy. Here, however, it is manifest that a variety of affections, and many states of the female constitution, are disadvantageously confounded together. The non-appearance of the menses in a girl, seemingly arrived at puberty, is not at all analogous to the natural cessation of them in a woman that has reached the critical period of life; and both these forms of amenorrhœa are essentially different from what originates from some chronic inflammation, or an organic disease. Again, the latter is not similar in any respect to the stoppage of the menses, brought on by impairment of the general health or inertia of the uterus; while the last-mentioned instance is entirely of a different nature from that in which the courses are suddenly suppressed by some accidental cause. See L. C. Roche, in Dict. de Med. et de Chir. Pratiques, tom. ii. p. 135. — ED.

GEN. I.

SPEC. I.

a P. obstructionis emansio.

Physiology.

Sexual organisation when perfected, by what means;

and with what result.

Menstrual discharge.

Its character.
Erroneous view of Cullen.

In order to explain the FIRST of these VARIETIES, OR RETENTION OF THE MENSES, by Professor Frank quaintly denominated amenorrhœa* *tiruncularum*, it is necessary to observe that, when the growth of the animal frame is completed, or nearly so, the quantity of blood and sensorial power, which have hitherto been employed in providing for such growth, constitutes an excess, and must produce plethora by being diffused generally, or congestion by being accumulated locally. Professor Monro contended for the former effect; Dr. Cullen, with apparently more reason, for the latter. And this last turn it seems to take for the wisest of purposes; I mean in order to prepare for a future race by perfecting that system of organs, which is immediately concerned in the process of generation; and which, during the general growth of the body, has remained dormant and inert, to be developed and perfected alone when every other part of the frame has made a considerable advance towards maturity, and there is, so to speak, more leisure and materials for so important a work. We shall have occasion to touch upon this subject more at large when we come to treat of the genus CHLOROSIS: for the present it will be sufficient to observe, that this accumulation of the nervous energy, and sanguineous fluid, seems first to show itself among men in the testes, and among women in the ovaria; and that from the ovaria it spreads to all those organs that are connected with them, either by sympathy or unity of intention, chiefly to the uterus and the mammæ; exciting in the uterus a new action and secretion, which secretion, in order to relieve the organ from the congestion it is hereby undergoing, is thrown off periodically, and by lunar intervals, in the form of a blood-like discharge, although, when minutely examined, the discharge, as already stated, is found to consist, not of genuine blood, but of a fluid possessing peculiar properties. These properties we have already enlarged upon, and have shown in what they differ from those of proper blood: and it is upon this point, that the physiology of Dr. Cullen is strikingly erroneous; for not only in his First Lines, but long afterwards in his Materia Medica, he regards the discharge as pure blood, and, consequently, the economy of menstruation as a periodical hemorrhage. "I suppose," says he, "that, in consequence of the gradual evolution of the system, at a certain period of life, the vessels of the uterus are dilated and filled; and that by this congestion these vessels are stimulated to a stronger action, by which their extremities *are forced open and pour out blood*. According to this idea, it will appear that I suppose the menstrual discharge to be upon the footing of *an active hemorrhagy*, which, by the laws of economy, is disposed to return after a certain interval."†

* De Cur. Hom. Morb. Epit. tom. vi. Lib. vi. Part III. 8vo. Vienna, 1821.

† Mat. Med. vol. ii. p. 587. 4to. In refutation of the notion, that menstruation depends on a general plethoric orgasm, Dr. A. T. Thomson, in the second volume of his Elements of Materia Medica, quotes the case of the Hungarian sisters, who were united at the lower part of the back, and lived to the age of twenty-two. The same blood flowed in the vessels of each, for the abdominal vessels were found, after death, united at the loins; yet the uterine function was distinct in each of these individuals, differing in its period, and also in the quantity of the discharge. The menses do not coagulate like blood, nor do they, according to modern statements, contain fibrine; though this account does not agree with Mr. Brande's observation, that

From the sympathy prevailing between the uterus and most other organs of the system, we meet not unfrequently with some concomitant affection in various remote parts; as an appearance of spots on the hands or forehead antecedently to the efflux*; or, which is more common, a peculiar sensation or emotion in the breasts.†

We cannot explain the reason why this fluid should be thrown off once a month, or by lunar periods, rather than after intervals of any other duration.‡ But the same remark might have been made, if the periods had been of any other kind; and will equally apply to the recurrence of intermittent fevers. It is enough that we trace in this action the marks of design and regularity.

The time in which the secretion, and consequently the discharge, commences, varies from many circumstances; chiefly, however, from those of climate, and of peculiarity of constitution. In warm climates, menstruation appears often as early as at eight or nine years of age; for here the general growth of the body advances more rapidly than in colder quarters, and the atmosphere is more stimulant. In temperate climates it is usually postponed till the thirteenth or fourteenth year, and, in the arctic regions, till the nineteenth or twentieth.§

GEN. I.
SPEC. I.
α P. obstructionis emansio.
Sympathetic affection with the uterus at this time often manifested in remote parts.
Catamenia why thrown off monthly rather than at other periods, not known.
Still a proof of design obvious.
Period of first appearance variable: from eight or nine in hot climates, to thirteen or fourteen in temperate, and nineteen or twenty in arctic regions.

they possess the “ properties of a very concentrated solution of blood in diluted serum.” M. Lecanu found, that blood, drawn from the arm of a woman during the menstrual discharge, contains little more than half of the quantity of globules present in it at other periods.—ED.

* Salmuth. Cent. iii. Obs. 18. † Act. Nat. Cur., vol. iii. App. p. 168.
‡ The intervals being exactly those of the course of the moon in the revolution of her orbit, they were supposed to be influenced by this planet; but were this the case, the menses ought to correspond with one of the phases of the moon’s course, which is not the fact. See Dr. A. T. Thomson’s Elem. of Materia Med., vol. ii. p. 439. The following are the ages at which, according to the researches of Mr. Roberton, of Manchester, 450 women began to menstruate in this climate:—

In their eleventh year	10	In their sixteenth year	76
twelfth year	19	seventeenth year	57
thirteenth year	53	eighteenth year	26
fourteenth year	85	nineteenth year	23
fifteenth year	97	twentieth year	4

One corollary drawn by Mr. Roberton from this table is, that the natural period of puberty in women of this country, instead of being the fourteenth or fifteenth year, occurs in a much more extended range of ages, and is much more equally distributed throughout that range, than authors represent.

In Mr. Roberton’s paper, evidence has been collected to prove, in opposition to usual belief, that the age of female puberty in the arctic regions is at least as early as in the temperate zone. In the same document, the reader will also find a statement of various circumstances, which appear to Mr. Roberton to have led travellers to form erroneous conclusions concerning the period of puberty in warm climates. See Edin. Med. and Surg. Journal for October, 1832, p. 246.

§ In Lapland, according to Linnæus, women will often menstruate only during the summer months. The difference in the time of life when the menses appear has been mentioned as the reason why women in hot climates are almost universally treated as slaves, and why their influence is so powerful in cold countries, where personal beauty is in less estimation. This is an opinion professed by Hume and Montesquieu (Spirit of the Laws, E. T. b. 16.), and is referred to by Dr. Denman:—“ In hot climates, women are in the prime of their beauty when they are children in understanding; and when this is matured, they are no longer objects of love. In temperate climates, their passions and their minds acquire perfection at, or nearly at, the same time; and the united power of

GEN. I.

SPEC. I.

a P. obstructionis emansio.

Generally accelerated by accidents.

Sometimes by a difference in the electricity or weight of the atmosphere.

Hence the disease sometimes said to be epidemic.

Much depends on the idiosyncrasy, under which pregnancy is reported to have occurred at nine years of age.

In all climates, however, when the constitution has acquired the age, in which it is prepared for the discharge, various causes may accelerate its appearance. Among these we may mention any preternatural degree of heat or fever, or any other stimulus that quickens the circulation. Mauriceau relates a case, in which it was brought on suddenly by an attack of a tertian intermittent: and, in like manner, anger, or any other violent emotion of the mind, has been found to produce it as abruptly. The depressing passions, as fear and severe grief, conduce to the same end, though in a different way; for here, there is rather uterine congestion than increased impetus, in consequence of the spastic chill of the small vessels on the surface, which lessens their diameter. Inordinate exercise, or a high temperature of the atmosphere, has in like manner a tendency to hurry on the menstrual tide; and hence its appearing so early in tropical regions. Dr. Gulbrand, indeed, conceives that even an increase in the elasticity, or weight of the atmosphere, is sufficient to produce a like effect, and refers to a curious fact in proof of this. In a hospital to which he was one of the physicians, a very considerable number of the female patients were suddenly seized with catamenia; which was the more remarkable, because several of these had, for a considerable time, laboured under a suppression of that discharge, and had been taking emmenagogues to no purpose; while others had only been free from their regular returns for a few days. On enquiring into the cause, the only one which could be ascertained was, a very great augmentation in the weight or pressure of the atmosphere, the mercury in the barometer having attained a height at which it had never been previously observed at Copenhagen: though he does not state the point it had actually reached.* It is possible, that other general causes may sometimes operate to a like extent; and hence this disease is said by Stoll, and other writers, to be occasionally epidemic.†

Still much depends upon the idiosyncrasy: some girls are of a more rapid growth than others of the same climate; and in some, there is a peculiar sexual precocity, or prematurity of orgasm, that hurries on the discharge before the general growth of the body would lead us to expect it: of which Pecklin gives an example in a girl of seven years of age, who, in the intervals, laboured under a leucorrhœa.‡ And hence those very early and marvellous stories of pregnancy in girls of not more than nine years old, which, if not well authenticated, and from different and unconnected quarters, might justify a very high degree of scepticism.§

their beauty and faculties is supposed to be irresistible. (Introduction to the Practice of Midwifery, p. 83.) But, as Dr. Locock well observes, the influence of civilisation seems to have been entirely overlooked in this theory; as, otherwise, the most chivalrous devotion to the fair sex would be found in the savage inhabitants of the countries of perpetual snow. See Cyclop. of Practical Med., art. MENSTRUATION.—ED.

* De Sanguifluxu Uterino, 8vo. Hafn.

† Rat. Med. P. III. p. 48. Samml. Med. Wahrnehm., b. ix. p. 401.

‡ Lib. I. Obs. 24. In the Med. Chir. Trans., Dr. Wall has published the particulars of a child, aged nine years, who had regularly menstruated from the age of nine months, and at two years of age had all the indications of puberty.—ED.

§ Haller (Gottl. Eman.), Blumenbach, Bibl. I. p. 558. Schmid, Act.

The efflux continues from two to eight or ten days; and the quantity thrown forth varies from four to ten ounces in different individuals: the monthly return running on till the fortieth or fiftieth year, and sometimes, as we shall have occasion to observe hereafter, to a much later period of life.*

GEN. I.

SPEC. I.

α P. obstructionis emansio.

Duration of the discharge.

Quantity secreted.

Ultimate term.

Helvet. iv. p. 167. Eph. Nat. Cur., Dec. III. An. II. Obs. 172. The following case happened in the practice of Mr. Robert Thorpe, and is recorded by Mr. Robertson, of Manchester:—"A girl who worked in a cotton factory, became pregnant, as was represented, in her eleventh year. When in labour, she was seized with convulsions, but ultimately, without unusual difficulty, was delivered of a full-grown still-born child. Her recovery was perfectly favourable." Mr. Thorpe and the late Dr. Hardie examined the registers of this girl's birth and christening, and fully satisfied themselves that she had really conceived in her eleventh year, and that, at the time of her delivery, she was only a few months advanced in her twelfth year. Mr. Thorpe likewise ascertained that she had menstruated before she was pregnant. See An Inq. into the Natural Hist. of the Menstrual Functions, by John Robertson, Edin. Med. and Surg. Journal for Oct. 1832. p. 231.—ED.

* In this climate, the function of menstruation lasts, upon the average, for about thirty years of the life of woman, beginning at puberty, and ending somewhere between forty and fifty years of age, *unless interrupted by disease, by pregnancy, or by suckling*. (See Pract. Comp., by Dr. Gooch, p. ii.) It is a popular idea, as Dr. Ramsbotham observes, that some women menstruate *during the whole period of utero-gestation*: even good physiologists and physicians of discernment have adopted the same erroneous opinion. But such a circumstance, he remarks, is perfectly impossible; for, upon impregnation taking place, the uterus becomes lined with a membrane, secreted from its internal surface, which completely closes the orifices of the vessels from which the menses flow. It is certainly true, that some pregnant women are subject to occasional attacks of hemorrhage, both from the uterus and vagina, which may last three or four days. This blood has been taken for the menstruous fluid; but it is unlike the menses, inasmuch as it does not return at regular intervals. Although it is impossible for this secretion to continue throughout the whole of pregnancy, the same remark does not hold good with regard to the few early weeks. Dewees is persuaded that women may menstruate till the end of the fourth month, and he supposes that the secretion, in such case, proceeds from the cervix uteri, which before that time is not developed; and Dr. Blundell says, he has repeatedly met with cases in which the catamenia flowed for the first two or three months. Dr. Ramsbotham has a patient, who always menstruates once after having conceived, though very sparingly. (See Med. Gaz. for 1833-4, p. 268., Ramsbotham's Lectures.) When women deviate from the natural law, and menstruate during lactation, the milk is observed to be neither sufficiently nutritious nor copious. (Ib.) During the large proportion of female life allotted for menstruation, there is a great liability to derangements of this process in one form or another; and, as Dr. Locock remarks, the time of the first appearance of the catamenia, and that of their final cessation, are deemed critical periods, when prudence requires the system to be taken great care of. The actual flow of the menstrual discharge itself is also looked upon as a time of great delicacy, and as demanding peculiar attention; so that very few diseases can exist, and very few plans of treatment be recommended, without the presence of the menses in some way influencing the nature of the symptoms, or the remedies to be applied. It is in this especially that the character of the female constitution in disease is manifested; for, before puberty, and after the cessation of menstruation, the female differs but little from the male in the character of disease, except in those points which may be considered as accidental, such as organic diseases of the sexual organs. (See Dr. Locock on the Pathology of Menstruation, in Cyclop. of Pract. Med., part 14.) Dr. Gooch states, that menstruation recurs every month with almost mechanical regularity. But, though it is unquestionably true, that, in a considerable majority of instances, the catamenia recur monthly,—*i. e.* from the cessation of the secretion at one period, to its reappearance at the next, there elapses an interval of twenty-eight days,—yet "there is a certain proportion of women, in whom the interval is not four, but

GEN. I.
SPEC. I.

a P. obstructionis emansio.
Retention not always a disease.

Sometimes prevented by structural defect.
Sometimes by constitutional tardiness.

Has occurred for the first time at seventy.
Hence retention only a disease when the body is disordered in consequence hereof.

Description of symptoms when the system suffers.

Patient sometimes thought to be in a decline.

Yet decline does not follow, though the disease continue for many years.

It is not always, however, that a retention of the menses to a much later date than sixteen, or even twenty years of age, constitutes disease; for sometimes it never takes place at all, as where the ovaries are absent or, perhaps, imperfect*; or where, instead of precocity in the genital system, there is a constitutional tardiness and want of stimulus; under which circumstances it appeared for the first time, according to Holdefreund, in one instance, at the age of seventy†: and in another, that fell under the care of Professor Frank, it never appeared, either in a condition of single or married life, nor had the patient at any time any lochial discharge, though she had produced three healthy children.‡ It is only, therefore, when symptoms take place indicating a disordered state of some part or other of the body, and which experience teaches us is apt to arise upon a retention of the menstrual flux, that we can regard such retention as a disease.

These symptoms, as already stated in the definition of the disorder, consist chiefly in a general sense of oppression, languor, and dyspepsy. The languor extends over the whole system, and affects the mind as well as the body: and hence, while the appetite is feeble and capricious, and shows a desire for the most unaccountable and innutrient substances, the mind is capricious and variable, often pleased with trifles, and incapable of fixing on any serious pursuit. The heat of the system is diffused irregularly, and is almost always below the point of health: there is, consequently, great general inactivity, and particularly in the small vessels and extreme parts of the body. The pulse is quick, but low, the breathing attended with labour, the sleep disturbed, the face pale, the feet cold, the nostrils dry, the intestines irregularly confined, and the urine colourless. In some instances, there is an occasional discharge of blood, or a blood-like fluid from a remote organ, as the eyes, the nose, the ears, the nipples, the lungs, the stomach, or even the tips of the fingers, giving examples of the fourth species. There is also, sometimes, an irritable and distressing cough; and the patient is thought to be on the verge of a decline, or, perhaps, to be running rapidly through its stages.

A decline, however, does not follow, nor is the disease found fatal, although it should continue, as it has done, not unfrequently,

three weeks; another smaller proportion, in whom the interval (apparently in no degree owing to disease) is irregular, being in the same woman at one time three, at another time four, or six, or eight, or even twelve weeks; and in another, but smaller proportion, in whom the catamenia return regularly every fortnight." In all these varieties, the secretion generally continues to flow from about two to six days: in some three or four days longer. See Robertson's Obs. in Edin. Med. and Surg. Journ., No. cxiii. for Oct. 1832, p. 252. — ED.

* Sometimes the general health and strength continue unimpaired, the growth of the body proceeds rightly, and the circulation is active; but the mammæ are not protuberant; there are no sexual propensities; a slight beard grows on the upper lip; and the general characteristics resemble those of a male. In such a case, the probabilities are, that the ovaries are either absent, or have become so diseased, that their functions are entirely lost. A striking instance is related by Mr. Pott, where a precisely similar state was artificially induced by the removal of the ovaries in a young woman; although, previously to the operation, menstruation, and all the signs of puberty, had regularly existed. See Locock, in Cyclop. of Pract. Med., art. MENSTRUATION. — ED.

† Erzählungen, No. iv.

‡ De Cur. Hom. Morb. Epit., tom. vi. lib. vi. part III. 8vo. Vienna, 1821.

for many years : for if the proper discharge do not take place, the constitution will often in some degree accommodate itself to the morbid circumstances that press upon it, and many of the symptoms will become slighter, or altogether disappear. Most commonly, however, when the patient is supposed to be at the worst, probably from the increased irritation of the system peculiarly directed to the defaulting organs, a little mucous or serous discharge, with a slight show of colour, is the harbinger of a beneficial change, and is soon succeeded by the proper discharge itself : though it often happens, that the efflux is at first not very regular, either as to time or quantity. But this is an evil which generally wears away by degrees.

All the symptoms indicate that retained menstruation is a disease of debility ; and there can be little doubt, that debility is its primary cause — a want of energy in the secernent vessels of the uterus, that prevents them from fulfilling their office, till the increase of irritability, from the increase of general weakness, at length produces a sufficient degree of stimulus, and thus momentarily supplies the place of strength. The system at large suffers evidently from sympathy.*

Yet menostation may take place from a SUPPRESSION OF THE

* Two conditions of body, essentially different, may be connected with the form amenorrhœa, or paramenia, as Dr. Good terms it, now under consideration. In one, puberty is delayed, whether from idiosyncrasy, from want of constitutional energy, or from defective organisation : in the other, puberty exists ; the ovaria and the uterus are organically matured ; but their peculiar function is suspended. Dr. Good might have entered further into the consideration of the causes of obstructed menstruation than he has done ; in particular, he might have noticed the frequent difficulty of immediately deciding whether the stoppage of the menses is an original or a secondary affection — a cause or an effect — the whole disorder, or merely a symptom. Residence in low, gloomy, damp, marshy places ; food of unwholesome quality, and containing but little nutritious principles in it ; too low a diet ; want of exercise ; labour beyond the strength, and protracted to too late an hour ; are so many circumstances, whose prejudicial influence on female youth will prevent their proper growth, keep them from attaining their strength, and hinder them, though they have exceeded the age of puberty, from possessing the attributes of this enviable stage of life. In women, also, who have already menstruated, similar influences will bring on, first, a diminution of the discharge ; then a retardation of its return by two or three days ; next still longer intervals ; and, at length, complete amenorrhœa. Anæmia, or a deficiency of blood in the system, is another occasional cause of this form of paramenia. Celibacy is likewise generally regarded as giving a tendency to the disorder. Certain it is that, with many women, sexual intercourse promotes menstruation ; and, as M. Roche observes (*Dict. de Méd. et de Chir. Pratiques*, tom. ii. p. 137.), what practitioner has not remarked, that numerous other females, whose courses were always difficult or obstructed before marriage, menstruated copiously and regularly after that change of their condition. But, according to this author, none of the predisposing causes of amenorrhœa are so powerful as the existence of any serious chronic disease, whatever may be its nature, whether chronic gastritis, or chronic pneumonia, or pleurisy ; and so frequent does this species of cause seem to him, that he pronounces amenorrhœa in most instances to be a symptom, and not a disease. At all events, the observation deserves to be well remembered in practice, by which means we shall avoid directing all our remedies merely to an effect, and leave the cause itself unremoved. The action of the foregoing causes of amenorrhœa is always gradual ; but that of some others is very rapid, provided the period of menstruation is at hand, or the discharge is actually going on. Such is the impression of cold, whether from wet feet, cold bathing, cold drinks, or exposure to cold wind, while the individual is in a state of perspiration. — ED.

GEN. I.

SPEC. I.

α P. obstructionis emansio.

System sometimes accommodates itself to the morbid condition.

Disease sometimes ceases gradually when supposed to be at the worst.

Manifestly a disease of debility, which is generally the primary cause.

β P. obstructionis suppressio.

GEN. I.

SPEC. I.

β P. obstructionis sup-
pressio.

Cause mostly
that of the pre-
ceding
variety.

May exist
equally in a
robust and deli-
cate frame.

Symptoms ne-
cessarily differ-
ent from those
of the preced-
ing variety,
and why.

Yet not essen-
tially different
in weakly
habits.

Symptoms in
an entonic
habit.

Mode of treat-
ment postponed
to the close of
the ensuing
species, and
why.

MENSES after they have become habitual, as well as from their retention in early life, which constitutes the SECOND VARIETY of the disease.

The causes of this form are for the most part those of the preceding, and consist in a torpitude of the extreme or secernent vessels of the uterus, produced by anxiety of mind, cold, or suddenly suppressed perspiration; falls, especially when accompanied with terror, or a general inertness and flaccidity of the system, and more particularly of the ovaria. Hence the disease may exist equally in a robust and plethoric habit, and in the midst of want and misery. In the last case, however, it is usually a result of weakness alone; and, on this account, it is sometimes found as a sequel of protracted fevers.

As this modification of the disease occurs after a habit has been established in the constitution, its symptoms differ in some degree from those we have just contemplated. And, as it occurs also both in a state of entony and atony, the symptoms must likewise differ, according to the state of the constitution at the time. If, however, the frame be at the time peculiarly weak and delicate, the signs will not essentially vary from those of the first variety, only that there will be a greater tendency to headach, and palpitation of the heart.

If the habit be plethoric, and, more particularly, if the cause of suppression take place just at the period of menstruation, or during its efflux, a feverish heat and aridity of the skin usually make their appearance, the face is flushed, and the eyes red, the head is oppressed, and often aches, with distressing pains down the back, occasionally relieved by a hemorrhage from the nose.

As the principle which should guide us in the mode of treating both these varieties, will also extend to the ensuing species, it will be most convenient to defer the consideration of it till that species has passed in review before us. We shall then be able to see how far a common process may apply, and to contrast the few points in which it will be necessary to institute a difference. All these, indeed, have by many writers, and especially by Dr. Cullen, been included under the term amenorrhœa, which Professor Frank has lately employed in a still wider sense, so as to embrace, not only those three distinct forms of impeded menstruation, but chlorosis as well.*

* De Cur. Hom. Morb. Epit., tom. vi. lib. vi. part III. 8vo. Vienna, 1821.

SPECIES II.

PARAMENIA DIFFICILIS.*

LABORIOUS MENSTRUATION.

CATAMENIA ACCOMPANIED WITH GREAT LOCAL PAIN, AND ESPECIALLY IN THE LOINS; PART OF THE FLUID COAGULABLE.

IN the preceding species, the regular efflux is altogether prevented, as we have already observed, by a torpitude of the discerning vessels of the uterus, perhaps of the ovaries also. In the species before us, there is no actual suppression, but the quantity thrown forth is for the most part too small, and attended with severe and forcing pains about the hips and region of the loins, that clearly indicate a spasmodic constriction of the extreme vessels of the uterus. The secretion is hence extruded with great difficulty, and is sometimes perhaps of a morbid character: while, from the force of the action, the mouths of some of the vessels give way, and a small portion of genuine blood becomes intermixed with the menstrual discharge, forming coagula in the midst of an uncoagulating fluid, and thus drawing a critical line of distinction between the two.

The spastic action, thus commencing in the minute vessels of the uterus, not only spreads externally to the lumbar muscles, but internally to the adjoining organs of the rectum or bladder, in many instances, indeed, to the kidneys: and hence an obstinate costiveness and suppression of urine are added to the other symptoms, and increase the periodical misery; the frequent return of which embitters the life of the patient, and effectually prohibits all hope of a family: for, if impregnation should take place in the interval, the expulsive force of the pains is sure to detach the embryo from its hold, and to destroy the endearing promise which it offers.† These pains generally recur at the regular period, but often anticipate it by a day or two, and rarely cease till a week afterwards. The disease, moreover, is peculiarly obstinate, and, in some instances, has defied the best exertions of medical science, and has only yielded to time, and the natural cessation of the discharge.

GEN. I.

SPEC. II.

How distinct from the preceding species.

Quantity of discharge too small:

and pains about the loins.

Secretion intermixed with blood.

Adjoining organs affected.

Hope of a family prohibited.

Often chronic, and only terminates with the period of menstruation itself.

* The *Dysmenorrhœa* of medical writers in general.

† Denman and Dewees were of opinion, that a female thus affected could not have children; but the contrary is maintained by Morgagni, Hamilton, and Burns. Dr. Ryan has known pain attend menstruation for months after marriage, yet conception took place. He mentions two cases: in these no portions of membrane were discharged. (See *Manual of Midwifery*, p. 329.; and *Lond. Med. and Surg. Journ.*, vol. v. 1830.) On this subject, Dr. Locock observes, the error has arisen from the facts, that the individuals are particularly liable to abortions at a very early age, which abortions have been supposed to be merely unusually aggravated attacks of the complaint. Nor is the common belief well-founded, that pregnancy is a cure for a previously existing dysmenorrhœa, unless by great care and management the first two or three months are safely passed over. See *Cyclop. of Pract. Med.*, art. *DYSMENORRHŒA*. — ED.

GEN. I.
SPEC. II.

Paramenia
difficilis.

Occasional
formation of
membrane-like
material, as in
other organs
under peculiar
irritation.

Membrane re-
sembles the
decidua of im-
pregnation.

Ordinary
causes.

General cura-
tive process.

We have frequently had occasion to observe, and especially under croup, and tubular diarrhœa, that where hollow and mucous organs labour under a certain degree of irritation, a portion of gluten is often thrown forth with the morbid secretion that takes place on the surface, and the result is the formation of a new membrane or membrane-like substance that lines the cavity to a greater or less extent: the nature of this substance being regulated by the nature of the organ in which it takes place. This remark applies particularly to the uterus under the influence of the irritation we are now speaking of; and, consequently, a membrane very much resembling the decidua, or that naturally elaborated by the uterus on impregnation, has been occasionally formed, and discharged in fragments*, during the violence and forcing pain of laborious menstruation. And sometimes the protrusive agony has been so severe as to occasion a displacement, or retroversion of the uterus, which has been found forced down, enlarged, with the fundus thrown backward, and the indurated mouth facing the lower edge of the symphysis pubis.†

Cold, mental emotion, local injury from a fall, and, above all, a peculiar irritability of the uterus itself, are the common causes.

The cure of all the forms of paramenia, we have thus far noticed, is to be attempted, first, by increasing the tone of the system in general, and, next, by exciting the action of the uterine vessels,

* Morgagni, *De Sed. et Caus. Morb.*, Ep. XLVIII. 12. Denman, *Medical Facts and Observations*, i. 12. The expulsion of a membranous substance was observed in dysmenorrhœa by Morgagni, who described it as generally consisting of a small bag, containing a fluid, on which account it was usually mistaken at that time for a very early abortion. Afterwards the occurrence was more particularly investigated by Dr. Denman, who satisfactorily established the fact, that the membrane was expelled at least as frequently from single as from married women, and that it had the appearance of a triangular cast of the cavity of the uterus, and a resemblance to the membrana decidua. It would seem, according to Dr. Locock, that where a bag containing a fluid was really discovered, it must have been an ovum, at an early period of conception, particularly as such women are very liable to miscarry. Dr. Denman supposed that this membrane, though often not noticed, was expelled in every case of dysmenorrhœa. That he was wrong in this conjecture, as Dr. Locock remarks, is now well known; for, though occasionally met with, it is by no means common, and what frequently resembles it at first sight, consists merely of coagula of blood, with the colouring matter separated from it. From the supposition that the membrane is *always* expelled, and that it consists of coagulable lymph exuded from the lining of the uterus, in consequence of inflammatory action, has arisen, says Dr. Locock, a most mistaken and pernicious treatment, *when universally applied*. (See *Cyclop. of Pract. Med.*, art. DYSMENORRHŒA.) Dr. Macintosh considers smallness of the os uteri the most frequent cause of the disease, but he includes also inflammation of the lining membrane of the uterus, or inflammation of the substance of the cervix, and the pressure of tumours, as occasional sources of the complaint. In every museum are specimens of the os uteri being so narrow as to be scarcely capable of admitting a bristle. (See Ryan's *Manual of Midwifery*, 3d edit. p. 330.) Dr. Locock believes, that, in the majority of cases, there is not inflammation, but simply irritation of the uterus, the former sometimes taking place, particularly in plethoric and robust constitutions. The women most liable to this complaint, seem to him to be those possessing great susceptibility, who are subject to hysterical affections, and who have strong passions and ardent temperaments. Dysmenorrhœa will often occur only at those periods of life when there is great constitutional disturbance, or much mental excitement, as in the early years of menstruation, or shortly after marriage. See *Cyclop. of Pract. Med.*, art. DYSMENORRHŒA. — ED.

† Dr. J. Robertson, *Edin. Med. and Surg. Journ.*, No. lxxiii.

where they are morbidly torpid, or relaxing them where they are in pain from spasmodic constriction. Both the last, however, are subordinate to the first; for, if we can once get the system into a state of good general health, the balance of action will be restored, and the organs peculiarly affected will soon fall into the common train of healthful order.

To give strength and activity to the circulation is generally attempted by tonics: to give local action, by stimulants. Both these should be employed conjointly in the two forms of the FIRST SPECIES. The astringent tonics, however, are supposed, and apparently with good reason, to be injurious, and, in many instances, to extend the retardation, or diminish the flow where there is any appearance. Myrrh has long been a favourite medicine; but its power does not appear to be very considerable in menses, though it undoubtedly acts as a stimulant in phthisis, and has, at times, in highly irritable habits, produced hæmoptysis. The metallic tonics are those on which we can chiefly depend; and, of these, the principal that have been employed, are iron and copper.

The first requires less care than the second, and has hence been more frequently resorted to, as the safer. It has been given under a great variety of forms; but that of the sulphate, or green vitriol, is one of the best, and most readily obtained.* It is often tried, in union with myrrh; and, where symptoms of dyspepsy exist, and especially acidity in the stomach, the two have been united with carbonate of soda, a combination which makes the celebrated draught, so well known by the name of its inventor, Dr. Griffiths.

Iron is, by some writers, supposed to show an astringent, and, by others, an aperient power. In different constitutions, it may be said to operate both ways. "If, for example," says Dr. Cullen, "a retention of menses depends upon a weakness of the vessels of the uterus, chalybeate medicines, by invigorating the force of the vessels, may cure the disease, and thereby appear to be aperient: and, on the contrary, in a menorrhagia, when the disease depends upon a laxity of the extreme vessels of the uterus, iron exhibited, by restoring the tone of these vessels, may show an astringent operation.†"

The preparations of copper labour under two disadvantages: they are essentially more astringent, than many of the other metals, and at the same time more uncertain in their effect. They are, perhaps, more soluble in the stomach than any other metallic preparations, wherever there is a sufficient proportion of acid for this purpose: but, as the quantity of acid in this organ is constantly varying, their effect must vary also. Dr. Fordyce advises to avoid cupreous preparations when the intention is to strengthen; but, when we attempt to lessen irritability, he observes, that they are extremely useful; and hence their advantage in epilepsy and plethoric hysteria. It is, however, a just remark of Dr. Saunders, that all solutions of metals are sedative, and ease pain, or, in other

GEN. I.
SPEC. II.
Paramenia
difficilis.

Particular
treatment of
Spec. I. or
obstructed
menstruation:
astringent
tonics.

Metallic tonics.

Iron with
myrrh:
and both with
carbonate of
soda.

Iron why some-
times appa-
rently astringent and at
other times
aperient.

Preparations
of copper
uncertain.

* At present, the subcarbonate of iron is frequently preferred, in doses of one or two drachms thrice a day. The ferrum tartarizatum is also a good preparation. Steel medicines answer well, when the disease is connected with a deficiency of blood in the system, or the state termed anæmia. — ED.

† Mat. Med., vol. ii. p. 22. 4to.

GEN. I.
SPEC. II.

Paramenia
difficilis.
Treatment.
Tinctura ve-
neris volatilis.
Cuprum
ammoniatum.

Chalybeate
mineral waters,
and their usual
concomitants.

Cold sea-
bathing.

Stimulants
general and
local.
Character of
general stimu-
lants.

Friction and
electricity.

Sometimes
cured by the
elevating pas-
sions, and espe-
cially by a re-
turn of hope.

Stimulants
operating
locally.

words, take off irritability, provided the solution be not too strong. The old *tinctura veneris volatilis*, consisting of one drachm of filings of copper, infused in twelve drachms of water of ammonia, is one of the simplest and best preparations of this metal, and forms a good substitute for the *cuprum ammoniacum*, or *c. ammoniatum* of the Edinburgh and London Pharmacopœias. Boerhaave directs us to begin with three drops as a dose, and gradually to increase it to twenty-four.

The chalybeate mineral waters have also been used with considerable success, and the more so, as with these are usually conjoined the advantages of travelling, change of air, and a new stimulus given to both the mind and body by novelty of scene, novelty of company, amusing and animating conversation, and exercise of various kinds. With these may also be combined, in the intervals of the menstrual season, and particularly before the discharge has appeared, the use of cold, and especially of sea-bathing. An unnecessary apprehension of catching cold by the employment of this powerful tonic has been entertained by many practitioners: with proper care, I have never known it occasion this effect; and it should be only relinquished where no reactive glow succeeds to the chill produced by immersion, and the system is hereby proved to be too debilitated for its use.

The stimulants to be employed under the first species, in conjunction with a tonic plan, are those that operate generally and locally. The general stimulants should consist of those that do not exhaust the excitability or nervous power of the frame, but rather, by the moderation of their effect, and the constancy of their application, support and augment it. Exercise, which we have already recommended, will in this view also be of essential service, as will likewise be uniform warmth; and hence the warmth of a mild climate, and a generous diet, with a temperate use of wine. Hence also the benefit of friction and electricity applied directly to the hypogastric and lumbar regions.*

As the depressing passions produce the disease, the elevating passions have been often known to operate the best and speediest cure. It has sometimes suddenly yielded to a fit of joy †, and in one instance, from the violence of the emotion, to a fit of terror. ‡ We can hence easily see how it may be induced by disappointed love, and removed by a return of hope, and a prospect of approaching happiness.§

The stimulants, operating locally in this disease, are known by the name of *emmenagogues*.|| In the old writers, the catalogue of these is very numerous. Those most worthy of notice consist of the warmer gums and balsams, as *guaiacum*, *assafoetida*, *turpen-*

* Alberti Diss. de Vi Electricâ in Amenorrhœam, seu Catameniorum obstructionem. Goett. 1764. Birch, Considerations of the Efficacy of Electricity in Female Obstructions, &c. Lond. 1799.

† Medicin Wochenblatt, 1782, p. 416.

‡ Walther, Thes., obs. 37.

§ Eph. Nat. Cur., Dec. i. ann. ix. x. obs. 58.

|| Professor A. T. Thomson doubts whether there is any medicinal agent which, when taken into the stomach, exerts a directly stimulant influence on the uterus; though he appears to except *savine* from this observation, as will be seen in a subsequent note; "but a stimulant effect may be propagated from neighbouring parts to the uterine vessels; hence, some cathartics, which operate chiefly upon the rectum, are found to influence the uterus. When the obstruction of the menses is

tine, and petroleum; castor, and the more irritating cathartics, as aloes and black hellebore. The last is, in most cases, too stimulant upon the whole range of the intestinal canal, though at one time in high favour as an emmenagogue. Aloes is a particularly valuable medicine. Dr. Adair gave it in combination with cantharides; but, in this form, it will often be found to produce a troublesome irritation of the rectum or bladder, rather than a salutary stimulus of the uterine vessels.

The *juniperus sabina*, or common savine, is also a valuable medicine, as being both stimulant and slightly aperient, and operating, not only locally, but upon the system at large. As the volatile oil, which is the active principle, is dissipated by boiling, the extract is a better preparation. It may be given in powder, extract, or essential oil: of the powder, the dose varies from a scruple to a drachm twice or three times a day: of the extract, from half a scruple to half a drachm; and of the essential oil from two to four drops. Dr. Home thought highly of it, and Mr. Hetz has praised it in equal terms.* The former declares that, by employing the scruple doses three times a day, he succeeded in three out of five cases.† But the most favourite emmenagogue in his hands was the root of the *rubia tinctorum*, or madder. Of nineteen cases of which he gives an account, fourteen, he tells us, were cured by it. From half a drachm to a drachm was prescribed twice or oftener daily. Dr. Home asserts that, in this quantity, it produces scarcely any sensible operation, never quickens the pulse, nor lies heavy on the stomach; yet that it

GEN. I.
SPEC. II.
Paramenia
difficilis.
Treatment.
Generally de-
nominated
emmena-
gogues.
Warm gums
and balsams:
irritating
cathartics:
Cantharides.
Juniperus
sabina, or
savine.

Rubia tinctorum.

accompanied with a *florid* complexion, and the colour of the cheeks is the flush of disease, not the glow of health; or when a slight cough, with pain in the chest and difficulty of breathing, accompanies the suppression, bleeding and other antiphlogistic means must be resorted to before taking into consideration the uterine function; and, until the general excitement be subdued, the employment of emmenagogues would be injurious. It is questionable whether in these cases any of those substances, supposed to act directly upon the uterus, should be employed? If they can be administered, they will be most likely to prove beneficial when given immediately after the reduction of febrile excitement.

"The employment of emmenagogues is not confined to cases of simple obstruction or suppression. In some females the pain, with which menstruation is accomplished, embitters much of life. This either indicates a peculiar state of the organ itself, or it is the effect of disease, or, at least, the tendency to it, in the organ itself; not, as is sometimes supposed, an increased degree of the irritability of the general system. Some of the substances employed as emmenagogues, are supposed directly to lessen uterine irritation, and consequently to facilitate the discharge: they are thus closely allied with sedatives and antispasmodics." See Dr. A. T. Thomson's *Elem. of Materia Med.*, vol. ii. p. 443. — ED.

* Briefe, II. p. 5.

† Dr. A. T. Thomson considers savine, or, rather, the volatile oil of the plant, to be an energetic emmenagogue. From its activity and mode of action, and its proneness to produce uterine hemorrhage, he admits that there is reason for thinking that it is taken into the circulation, and carried directly to the organ, on which it exerts a stimulant influence. "This," says the Professor, "is not a recent opinion; for, previous to the introduction of the ergot of rye, savine was sometimes employed for the purposes of accelerating parturition, and expelling the placenta. As it is apt to excite inflammation of the uterus, he recommends a great deal of caution in its use, and it seems to him only to be adapted to those cases of amenorrhœa which are attended with a pale countenance and languid circulation. The doses proposed by him are from five to ten grains of it in substance, or from two to six minims of the oil, blended with sugar. See *Elem. of Materia Medica*, vol. ii. p. 452. — ED.

GEN. I.
SPEC. II.
Paramenia
difficilis.
Treatment.
Madder.
Contradictory
accounts of its
virtues and
effects.

Has deservedly
fallen into
disrepute.

Athamanta
meum: spignel.

Iodine.

Spurred rye.

Description of
its powerful
action.

generally restores the discharge before the twelfth day from the time of its commencement.* The present author has never tried it: he has been deterred by the very different, and even contradictory, accounts of its effects upon the constitution, which have been given by different writers of high authority. While Dr. Home found it thus beneficial in cases of obstructed menstruation, Dr. Parr tells us, that it produced a cure in excessive menstruation, but, in the former disease, effected no change whatever.† From its tinging the urine of a red colour, it has been supposed to be a powerful diuretic, but even this quality it has been incapable of supporting; and yet, in the opinion of Dr. Cullen, this seems to be its only pretension to the character of an emmenagogue.‡ Given freely to brute animals, Dr. Cullen tells us, that it always disorders them very considerably, and appears hurtful to the system. Its direct virtues do not, therefore, seem to have been in any degree ascertained: but, let them be what they may, it has deservedly fallen into disrepute, as a remedy for any misaffection of the uterus.

The *athamanta meum*, or spignel, which once rivalled the reputation of madder, seems to have a peculiar influence in stimulating the lower viscera, and especially the uterus and bladder; and is no indifferent sudorific. On this last account, it was at one time highly in favour also in intermittents, and was afterwards employed in hysteria, and humoral asthma.

It is very probable that, in cases of weak action, and especially when combined with a strumous diathesis, the pills or tincture of iodine, as we shall have occasion to notice them when treating of bronchocele, may be attended with beneficial effects. Dr. Coindet regards this medicine, indeed, as one of the most powerful emmenagogues we possess; and even accounts for its advantages in bronchocele, from the sympathy which the uterus and the thyroid gland manifest for each other. §

This part of the subject must not be quitted without glancing at a medicine that has lately acquired great popularity in North America, as an emmenagogue, and is said to have been employed with unquestionable success. This is spurred rye (*secale cornutum*), or rye vitiated by being infested with the clavis or ergot, a parasitic plant, which we have already had occasion to notice, as producing a powerful effect on the whole system, and especially on the nervous part of it, and the abdominal viscera in general. When taken in such a quantity as to be poisonous, it first excites a sense of tingling or formication, and fiery heat in the extremities, where the action of the system is weakest; to this succeed cardialgia, and griping pains in the bowels; and then vertigo, an alternation of clonic and entonic spasms in different parts of the body, and mania or loss of intellect. If the quantity be something smaller than this, it excites that pestilent fever which the French denominate *mal des ardens*, and in the present work is described under the names of *PESTIS erythematica* ||; while, in

* Clinical Experiments, Histories, &c. 8vo. 1780.

† Med. Dict., vol. ii. in verb. p. 524.

‡ Mat. Med., vol. ii. p. 553. 4to. edit. comp. with p. 38. of the same.

§ Archives Générales de Médecine, &c. in Rem.

|| Vol. ii. Cl. III. Ord. III. Gen. IV. Spec. I.

a quantity still smaller and long-continued, it seems to spend itself almost entirely on the extremities, as being the weakest part of the body, and to produce that species of GANGRÆNA, which is here denominated *ustilaginea*, or MILDEW MORTIFICATION.*

It is hence a very acrid irritant, and, from its peculiar tendency to stimulate the hypogastric viscera, seems often, in minute quantities, to prove a powerful emmenagogue. For this purpose, an ounce of spurred rye is boiled down, in a quart of water, to a pint; half of which is usually taken in the course of the day, both in obstructed and difficult menstruation, and continued for three or four days. The symptoms produced by it are headach, increased heat, and occasional pain in the hypogastrium, succeeded by a free and easy flow of the menstrual fluid. Advantage has been taken of this effect on another occasion; for the same medicine has been prescribed in lingering labours, and, we are told by Dr. Bigelow, with the best success, as good forcing pains are hereby very generally produced speedily.† In this case, Dr. Bigelow, instead of a decoction of spurred rye, prefers giving the crude powder, to the amount of ten grains to a dose. Dr. Chapman, indeed, regards this medicine as chiefly, if not solely, useful in expediting labour-pains; for, while he asserts that “to the uterus its whole force seems to be exclusively directed, and believes it to be highly beneficial in floodings and other uterine hemorrhages,” he tells us, that, in repeated trials, he has found it of only slender power as an emmenagogue.‡

We have hitherto regarded the spur in spurred rye, and other grain, as a clavus, or species of *ustilago*. It was formerly, however, conceived to be a disease of the grain itself. M. Decandolle has since described it as a variety of *champignon*, under the name of *sclerotium*, from its rendering the grain hard and horny. And M. Virey, in a work reported upon by M. Desfontaines, to the Academy of Sciences of the French Institute, in 1817, has still more lately endeavoured to revive the obsolete opinion, by contending that it is a specific disease of the plant, under which the grain is rendered, not, properly speaking, hard and horny, as is ac-

GEN. I.
SPEC. II.
Paramenia
difficilis.
Treatment.

In what proportion taken.

Nature of the spur in rye in some measure unsettled.

Sclerotium of Decandolle.

A disease of the plant, according to Desfontaines.

* Vol. ii. Cl. iii. Ord. iv. Gen. xii. Spec. ii.

† New England Journ. of Med. and Surg., vol. v. No. ii.

‡ Therapeutics, &c. vol. ii. p. 19. 8vo. Philadelphia. In enquiring what pretensions the active principle of ergot has to the character of an emmenagogue, Dr. A. T. Thomson observes, that “the chief use to which *secale cornutum* has hitherto been applied, is to produce uterine action, to aid the efforts of parturition, when these are insufficient for the expulsion of the child. For this purpose it is administered in doses of from $\mathfrak{D}\mathfrak{j}$ to \mathfrak{z} ss, bruised and mixed in $\mathfrak{f}\mathfrak{z}\mathfrak{i}\mathfrak{j}$ of water, at short intervals, until the effect is produced. Ample experience has proved the efficacy of ergot to expel any substance from the uterus, when it is in a state of complete inactivity during the process of parturition. Now, admitting this to be true, these premises are not sufficient to justify the conclusion, that it will also aid the menstrual discharge, when scanty or suppressed.” Dr. Thomson, after examining the theories of its *modus operandi*, expresses his own belief, that it has very slender, if any, pretensions to the character of an emmenagogue. “The dose of the *secale cornutum*,” he says, “should not exceed thirty grains. The medicine should be preserved entire in a glass bottle with a ground stopper, and powdered only at the time it is about to be given; and then it may be administered in a glass of wine, which Dr. Balardini has found to be preferable to water. Heat and moisture tend to spoil it. It should always be the growth of the year in which it is prescribed.” See Thomson’s *Elem. of Mat. Med.*, vol. ii. p. 470.
— ED.

GEN. I.
SPEC. II.

Paramenia
difficilis.
Treatment.

Compression
of the crural
arteries by the
tourniquet
plausible, but
has not gene-
rally succeeded.

Obstructed
menstruation
sometimes a
local affection,
and to be
remedied only
by local means.

Emetics useful
in suppressed,
but not in re-
tained, menses.

Venesection
when useful.

Particular
treatment of
Spec. II., or
difficult men-
struation.

The stimulant
part of the pre-
ceding process
to be carefully
abstained from:
as well as every
other excite-
ment.

Cooling lax-
atives.

Local relaxants.

Hip-bath.

tually the case when infested with the sclerotium, but rather friable, and easily detached.

There is something highly plausible and ingenious in the plan that was at one time tried rather extensively, of compressing the crural arteries by a tourniquet, and thus gorging the organs that lie above, and are supplied from collateral branches. By compressing the jugular veins we can easily gorge the head, and endanger extravasation and apoplexy. But it appears upon trial, that the tide thus dammed up, in the case before us, is thrown back upon too many organs to produce any very sensible effect upon the uterus. Independently of which, the uterus is not, like the brain, exactly enclosed in a bony box that prohibits a general and equable dilatation of its vessels. In six cases in which Dr. Home made experiment of this remedy, he succeeded but once; and others have been still less successful.*

Impeded menstruation is sometimes, however, a disease strictly local, and proceeds from the obstruction of the passage by a poly-
pus or other tumour, or an imperforate hymen. In all these cases, the cure must depend upon a removal of the local cause.

Emetics have sometimes been recommended; they rouse the system generally, but have not often been found useful in retention of the menses; though, when employed in cases of suppression, and especially at the regular periods of return, or so as to anticipate such return by a few days, they frequently prove a valuable adjunct. If this period be passed by without any salutary effect, and particularly, if, at the same time, the system labour under symptoms of oppression in the head or chest, venesection to the extent of from four to six ounces of blood will be found a very useful palliative, and will have a tendency to keep up that periodical habit of depletion, which will probably prove advantageous against the ensuing lunations. Venesection will also be found useful, and often absolutely necessary, where the suspension has suddenly taken place during the flow of the catamenia, from cold, depressing passions, fright, or, indeed, any other cause.

In treating the SECOND SPECIES of paramenia, or difficult menstruation, the stimulant part of the process we have thus far recommended must be sedulously abstained from; but the rest may be followed with advantage. Every thing, indeed, that has a tendency to produce local excitement, and in this respect, the conjugal embrace itself, where the patient is married, must be systematically abstained from.† The diet must be plain, and the bowels kept open with neutral salts, or other cooling aperients. And, to allay the strong spasmodic action on which the severe pains in the lumbar and hypogastric regions depend, it will be found highly advantageous, a short time before the expected return of menstruation, to employ relaxants, and especially local relaxants; and of these, one of the best and pleasantest is the hip-bath, which operates directly upon the diseased quarter, and has a tendency to produce the desired effect without weakening the system generally. The ease and comfort of this valuable contrivance are acknowledged by almost all who have had recourse to it. Martini, and various

* Hamilton, Edin. Com., vol. ii. art. 31. Weiz ad Fabric., iv. 98.

† Intercourse should be avoided for about a week before the expected attack. Dr. Locock, in Cyclop. of Pract. Med., art. DYSMENORRHOEA. — ED.

other writers, recommend the cold bath, in preference to the hot, and Tissot represents the latter as injurious. But this is to speak without due discrimination. That the cold bath has been found of use in some instances is unquestionable: but only where there has been such a degree of energy in the constitution, as to produce a reaction correspondent to the antecedent rigour. The direct effect of the cold bath is to constrict, and consequently, where a spastic contraction exists already, as is mostly the case from local or constitutional debility, to increase the evil. But, where the constitution is naturally robust, and but little inroad has hitherto been made upon its strength, the latent energy of the system is capable of resisting the sudden shudder; an increased action, and consequently, an increased and glowing heat ensue; the repelled fluids are forced forward; the blood flows more briskly; the mouths of the capillary vessels give way in every direction; the muscular fibres lose their rigidity, and the suppressed secretions, of whatever kind, recommence. And hence it is, that cold bathing may sometimes be serviceable in the disease before us, and warm bathing less useful: but these cases are rare, and warm bathing is mostly to be preferred.

Even the hip-bath, however, though it mitigates the pain, occasionally does nothing more: there is the same paucity of discharge, the same intermixture of coagula, and the same tendency to a return of the disease. In such cases, it has been common to abstract eight or ten ounces of blood from the loins by cupping, antecedently to the use of the bath: and this, by diminishing the spastic constriction, has, at times, diminished in a still greater degree the distressing pain. But I do not think the hip-bath is in general had recourse to early enough. Instead of waiting till the periodical pains return, as is the common practice, I have found it more advantageous to anticipate this period, and to relax the vessels by employing it for two or three nights before the pains are expected. And where, in this and every other way, it has failed, or the patient, from great delicacy of constitution, has appeared too much exhausted by its use, I have availed myself of the same relaxant power in another way, and, with a like anticipation, have prescribed the use of a broad folded swathe of flannel wrung out in hot water, to be applied round the loins and belly at the time of going to rest, and bound over with a linen swathe of equal width, as already recommended in peritonitis and hepatitis. The whole should be suffered to remain till the morning, by which time the warmth of the body will be usually found to have evaporated all the moisture, though the skin will still be dewy with perspiration from so powerful a sudorific. I have often found this plan succeed still better than the hip-bath; and have never known the patient catch cold, or complain of any chilly sensation from it.*

* Where a kind of deciduous membrane has been certainly and habitually expelled, Dr. Locock admits, that benefit may be derived from moderate local blood-letting; but, as a *general practice*, he deems it not requisite; and is of opinion that the extent to which it has been carried, in many instances, has done serious mischief. From the character of the constitutions usually affected, the spasmodic nature of the pain, and the success of a very opposite class of remedies, Dr. Locock concludes, that the disease is seldom inflammatory, but arises

GEN. I.
SPEC. II.

Paramenia
difficilis.
Treatment.

Cold bath: its
different effects
explained: and
hence its use
and abuse.

Often necessary
to premise
bleeding by
cupping glasses
applied to the
loins.

Hip-bath in
general not em-
ployed early
enough.

Moistened
flannel swathe,
worn through
the night, has
often suc-
ceeded where
the hip-bath
has failed.

SPECIES III.
PARAMENIA SUPERFLUA.
SUPERFLUOUS MENSTRUATION.

CATAMENIA EXCESSIVE, AND ACCOMPANIED WITH HEMORRHAGE
FROM THE MENSTRUAL VESSELS.

GEN. I.
SPEC. III.

The nature of
this species the
reverse of the
preceding.

THIS species offers us a disease precisely the reverse of the last, not less in the facility with which the mouths of the vessels give way, than in the quantity of the discharge. It exhibits the two following varieties :—

- | | |
|---------------------------|-----------------------------------|
| α Reduplicata. | Excessive from a too frequent re- |
| Reduplicate menstruation. | currence. |
| β Profusa. | Excessive from too large a flow |
| Profuse menstruation. | at the proper periods. |

Menorrhagia,
what.

How distin-
guished by
Cullen from
metrorrhagia.

THE SECOND VARIETY, OR PROFUSE MENSTRUATION, is often technically distinguished by the name of menorrhagia. It is, in effect, the menorrhagia rubra of Cullen, who makes it a distinct

from a peculiarly irritable condition of the uterine organs. For relieving the pain during the menstrual period he recommends opium, especially combined with ipecacuanha and four or five grains of camphor. (See also Ramsbotham's Lectures in Med. Gaz. for 1833-4, p. 310.) Immediately before the expected attack, he directs the bowels to be opened by a mild purgative, or injection of warm water; and the patient to put her feet in warm water, or use the warm hip-bath. During the attack, if the pulse be full and frequent, the countenance flushed, and plethora prevail, he approves of cupping on the loins, or the application of leeches to the pudenda or groin. He speaks also favourably of a belladonna plaster applied over the sacrum, and of lotions containing belladonna or opium frequently injected into the vagina. Fomentations to the pubes, loins, and perinæum are stated to be of great service, and the cautious exhibition of æther, assafoetida, and ammonia, when there is not much feverish excitement, receives the same physician's sanction. With regard to the regulation of the general health during the intervals, as already observed, the patient, if married, is to refrain from sexual intercourse for about a week before the expected attack; and she may take inwardly some of the preparations of iron. Dr. Locock prefers equal parts of vinum ferri and the spir. ætheris sulph. comp. (ʒss to ʒj), given two or three times a day; or the mist. or pil. ferri comp. One useful combination, he says, is the compound extract of colocynth, and the soap and opium pill, in the proportion of two grains of each. But he observes that, on the whole, the natural chalybeate waters answer better than any artificial preparations. Where iron disagrees, zinc is to be tried. With the exception of senega, recommended by Dr. Chapman, of Philadelphia, for cases attended with the habitual expulsion of a membrane, vegetable tonics promise little benefit. Cold hip-bathing, and the injection, night and morning, of cold saturnine lotions into the vagina, are likewise commended. When dysmenorrhœa and rheumatism have existed in the same patient, guaiacum and colchicum have sometimes cured both disorders. (See Dr. Locock's Obs. in Cyclop. of Pract. Med., art. DYSMENORRHŒA.) Dr. Mackintosh, who adopts the theory of dysmenorrhœa being dependent on constriction of the os uteri, recommends dilating the part with bougies, a practice which, according to Dr. Ramsbotham's report (Med. Gaz., vol. cit., p. 310.), does not receive the general sanction of the profession. — Ed.

affection from metrorrhagia or hemorrhagia uteri, by confining the the latter term to a signification of hemorrhage from other vessels of the uterus, than those concerned in separating and discharging the catamenial flux.*

GEN. I.
SPEC. III.
Paramenia
superflua.

We have already observed, that we cannot lay down any general rule to determine the exact quantity of fluid that ought to be thrown forth at each lunation, some individuals secreting more and others less; and the measure varies from four to eight or ten ounces.† We can only, therefore, decide that the quantity is immoderate and morbid, when it exceeds what is usually discharged by the individual, or when it is associated with unquestionable symptoms of debility, as paleness of the face, feebleness of the pulse, unwonted fatigue on exercise; coldness in the extremities, accompanied with an œdematous swelling of the ankles towards the night; pain in the back in an erect posture; and various dyspeptic affections.

How to decide when the quantity discharged is in morbid excess.

Either of the varieties may be entonic or atonic, or, in common language, active or passive: but, in the first, there is usually a greater degree of local irritability than in the second, so that the secernents are excited, or the extremities of the minute blood-vessels open upon very slight occasions. As the disease may occur under these two different states of body, it may proceed, as Dr. Gulbrand has observed, from an increased impetus in the circulation, a relaxed state of the solids, or an attenuate state of the fluids‡: to which he might have added uterine congestion.

Either variety may be entonic or atonic.

The first how distinguished from the second.

Increased impetus usually indicates great robustness of constitution, or an entonic habit, and is not unfrequently connected with uterine gestation; and, in many cases, the accidental causes are cold, a violent shock or jar, or an accidental blow. Under this form, the disease commonly yields to venesection, cooling laxatives, and quiet.

Causes in an entonic habit.

Superfluous menstruation from atony, or, in other words, from a relaxed state of the solids, and an attenuate state of the fluids, frequently arises from repeated miscarriages or labours, poverty of diet, and an immoderate indulgence in sexual pleasure. It often proceeds, also, and especially in the higher ranks, from a life of indolent ease and enervating luxury, producing what we have denominated atonic plethora, lax vessels, easily distended by a

Causes in an atonic habit.

Proceeds often from a life of indolence and enervating luxury.

* Dr. Mackintosh, of Edinburgh, and Mr. Burns, of Glasgow, also restrict the name of menorrhagia to cases where, along with the peculiar menstrual secretion, pure blood is expelled; while other examples, in which the menstrual discharge is merely too copious, are denominated an immoderate flow of the menses. — ED.

† According to Dr. Locock, the quantity lost is, upon an average, about five or six ounces; “but,” says he, “this is merely a general rule: the exceptions are numerous; and it is only when it becomes an exception to the individual’s ordinary habits, that disease should be considered to exist. The effect of climate in these cases is very remarkable; and what would be considered a very scanty menstruation in the warmer climates of the East, would be deemed menorrhagia in Lapland. A curious blunder was committed in this respect by Dr. Freind, who stated, that the quantity of menstrual discharge in this country averaged about twenty ounces — a menorrhagic excess by no means common; the mistake arising from his having quoted Hippocrates, without reflecting that the *δύο κότυλαι Ἀττικαὶ* applied only to the females of Greece.” See Cyclop. of Pract. Med., art. MENORRHAGIA. — ED.

‡ De Sanguine Uterino. 8vo. Hafn. 1778.

GEN. I.
SPEC. III.
Paramenia
superflua.

Venesection
here mis-
chievous: and
every luxurious
excess should
be restrained.

Mild tonics
with astrin-
gents, and oc-
casionally
unirritating
laxatives.

General tonic
regimen.

Astringent
injections.

The disease
equally com-
mon to rich and
poor: ex-
plained.

current of blood superfluous in quantity, but loose and unelaborate in crasis, and which is reproduced, and, perhaps, still more abundantly, but at the same time still more loosely, as soon as the excess is attempted to be removed by bleeding.*

Here, therefore, venesection is almost sure to do mischief; we must restrain every luxurious excess as far as it may be in our power, and we may have authority enough to ensure a compliance, which is not always the case; we must employ, at the same time, the milder tonics, with astringents, as kino, catechu, or sulphate of zinc, and carefully guard against costiveness by cool unirritating laxatives. The rhatany root appears also, on the authority of Dr. Rath, of Nordhausen, to have been peculiarly serviceable in many cases, and particularly in the form of decoction; an ounce being boiled for ten minutes in half a pint of water lightly covered.† If the discharge be very considerable, astringent injections of cold water, or, which will commonly be found better, of a solution of alum or zinc, or cold water with a third part of new port wine, should be had recourse to without fail. Early hours are of especial importance, with a due intermixture of moderate exercise, and the use of cold sea-bathing. The Cheltenham waters, as those also of many other chalybeate springs, have often proved serviceable, partly from their own medicinal powers, and partly from the greater purity of air and increase of exercise, with which a temporary residence at a watering place is usually accompanied.

It is a common observation, in moral as well as in physical philosophy, that extremes meet in their effects, or produce like results. There is, perhaps, no part of natural history, in which this is more frequently exemplified, than in the sphere of medicine. In the case of apoplexies and palsies, as well as various other diseases, we have had particular occasion to make this remark: and in the genus immediately before us, as well as others closely connected with it, we have another striking instance of its truth. "The proportion of the diseases peculiar to the female sex in the hospital," says Sir Gilbert Blane, speaking from tables accurately kept by himself for this purpose, "is the same as in private cases; from which it would appear, that the unfavourable influence of indolent habits, excessive delicacy, and sensibility of mind and body in the upper ranks, compensate for the bad effects of hard labour, and various privations in the lower orders.‡

* In all severe or protracted cases, resisting the usual means of relief, the best practitioners deem it advisable to make an examination of the actual state of the uterus; because symptoms, closely resembling those of menorrhagia, may arise from organic mischief, particularly ulceration, polypus, and inversion of the womb. — ED.

† Hufeland's Journal der practischen Heilkunde, Jan. 1819.

‡ Paramenia superflua may occur every ten days, be as copious as on ordinary occasions, and yet the patient be apparently in perfect health. Dewees records an interesting case, where a lady had first menstruated at the age of twelve, and continued to do so every ten days until she was forty, except during pregnancy or suckling. Notwithstanding this peculiarity, she was in very good health. Excessive menstruation is to be considered as a disease when it brings on debility, dyspepsia, hysteria, and the "Protean symptoms of a complication of these affections." See Ryan's Manual of Midwifery, p. 332. ed. 3. — ED.

SPECIES IV.

PARAMENIA ERRORIS.

VICARIOUS MENSTRUATION.

CATAMENIA TRANSFERRED TO, AND EXCRETED AT, REMOTE ORGANS.

WE have already noticed the extensive sympathy, which the sexual organs maintain with every other part of the system. With the exception of the stomach, which is the grand centre of sympathetic action, there is no organ, or set of organs, possessed of any thing like so wide an influence. And hence, where, from any particular circumstance, as sudden fright or cold, the mouths of the menstrual vessels become spasmodically constricted at the period of menstruation, and the fluid is not thrown forth, almost every organ seems ready to offer it a vicarious outlet. We have accounts, therefore, of its having been discharged, by substitution, from the eyes, the nostrils, the sockets of the teeth, the ears, the nipples, the stomach, the lungs in the shape of hæmoptysis, the rectum, the bladder, the navel, and the skin generally, as more fully explained in the volume of Nosology, to which the reader may turn at his leisure.

In effect, there is scarcely an organ of the body, from which it has not been discharged under different circumstances.* A very singular case is recorded of its being thrown forth from an ulcer in the ankle of a young woman little more than twenty years of age, and which continued to flow at monthly periods, for two or three days at a time, for about five years: after which, some part of the bone having separated in a carious state, the ulcer assuming a more healthy appearance, and the body becoming plumper and stronger, the vicarious outlet was no longer needed, and the menstrual tide returned to its proper channel.†

In all these cases, there is a considerable degree of uterine torpitude, and, commonly, of general debility: while the part, forming the temporary outlet, is in a state of high irritability, or other diseased action. And hence the remedial process should consist

GEN. I.
SPEC. IV.

Extensive sympathy maintained by the sexual organs with every part. Whence, on obstruction, almost every organ offers a vicarious outlet: as the eyes, nostrils, sockets of the teeth, ears, nipples, stomach, bladder, navel, and skin generally.

Hardly an organ from which the fluid has not been discharged. Singular illustration.

Uterine torpitude and general debility always present in these cases.

* Eph. Nat. Cur. passim. Act. Nat. Cur. Act. Med. Berol. Bertholin. Obs. passim. Cent. passim. Bierling. Thes. Pract. Sennertus, Pract. et Paralip., lib. iv.

† Art. Calder, in Edin. Med. Essays, p. 341. The editor has seen several examples, in which the menstrual discharge seemed to be transferred to ulcers. He once visited, with Mr. C. Hutchison, a woman, who had an enormous spina bifida, and a sinus in the thigh, from which a bloody discharge took place regularly every month, in lieu of ordinary menstruation. Ulcers of the kind now referred to, have had the epithet *menstrual* applied to them by Sir Astley Cooper. Baudeloque mentions a woman, aged forty-eight, who had never menstruated, and from the age of fifteen had been attacked every month with vomiting and purging, that used to continue about three or four days. The reader will find some interesting observations on menstruation, and the consequences of its derangement, in Ryan's Manual of Midwifery, ed. 3. — Ed.

GEN. I.
SPEC. IV.
Paramenia
erroris.

in allaying the remote irritation, strengthening the system generally, and gradually stimulating the uterus to a state of healthy excitement, by the means already recommended.

SPECIES V.

PARAMENIA CESSATIONIS.

IRREGULAR CESSATION OF THE MENSES.

CATAMENIAL FLUX IRREGULAR AT THE TERM OF ITS NATURAL CESSATION; OCCASIONALLY ACCOMPANIED WITH SYMPTOMS OF DROPSY, GLANDULAR TUMOURS, OR SPURIOUS PREGNANCY.

GEN. I.
SPEC. V.
Sexual organs
last completed
and first ex-
hausted.
Time of cessa-
tion varies in
different con-
stitutions: has
not taken place
before eighty
or ninety.
Usual period
between forty
and fifty.

THE set of organs that are most tardily completed, and soonest exhausted, are those of the sexual system. They arrive latest at perfection, and are the first to become worn out and decrepit. In this early progress to superannuation, the secretory vessels of the uterus grow torpid, and, by degrees, the catamenial flux ceases. This cessation, however, has sometimes been protracted to a very late period, and, in a few rare instances, the menses have continued nearly, or altogether, through the whole term of life; we have examples of it, noticed in the volume of Nosology, at seventy, eighty, and even ninety years of age; but the usual term is between forty and fifty, except where women marry late in life, in which case, from the postponement of the generative orgasm, they will, occasionally, breed beyond their fiftieth year.* On approach-

* Childbearing, begun at an early age, at sixteen or eighteen for example, rarely goes on throughout the whole of what is usually regarded as the natural period for it. The earlier or later termination of childbearing in any country, therefore, as Mr. Robertson observes, will depend on the average age of marriage which there obtains. In our own country he is led to believe, from facts which he has collected, that the average age of marriage for women is about twenty-one years. Assuming this as correct, he considers the following table as possessing some interest. It is drawn up from the registers of the Manchester lying-in hospital, and shows, on the average of 10,000 instances of pregnancy at all ages, the proportion of women who conceive above the age of forty: —

Of 10,000 pregnant women, 436, or $4\frac{3}{5}$ per 1000, were upwards of 40 years of age.

101, or $10\frac{1}{10}$	per 1000,	were in their	41st year.
113, or $11\frac{3}{10}$	-	-	- 42d
70, or 7	-	-	- 43d
58, or $5\frac{4}{5}$	-	-	- 44th
43, or $4\frac{3}{10}$	-	-	- 45th
12, or $1\frac{1}{5}$	-	-	- 46th
13, or $1\frac{3}{10}$	-	-	- 47th
8, or $\frac{4}{5}$	-	-	- 48th
6, or $\frac{3}{5}$	-	-	- 49th
9, or $\frac{9}{10}$	-	-	- 50th
1, or $\frac{1}{10}$	-	-	- 52d
1, or $\frac{1}{10}$	-	-	- 53d
1, or $\frac{1}{10}$	-	-	- 54th

The number of pregnancies, it will be observed, suddenly and greatly diminishes after the age of 45. From the age of 46 to 50, both inclusive, the numbers are nearly equal for each year. Above the latter age, the proportion

ing the natural term of the cessation of the menses, the sexual organs do not always appear to act in perfect harmony with each other, and perhaps, at times, not even every part of the same organ with every other part. In proof of the first remark, we seem, occasionally, to meet with a lingering excitement in the ovaria, after all excitement has ceased in the uterus; and we have hence a kind of conceptive stimulation, a physcony of the abdomen, accompanied with peculiar feelings, and peculiar cravings, which mimic those of pregnancy, and give the individual room to believe she is really pregnant, and the more so in consequence of the cessation of her lunar discharge, while the uterus takes no part in the process, or merely that of sympathetic irritation, without any change in size or structure.

On the contrary, we may chance to find the uterus itself chiefly, if not solely, affected with irregular action at this period: evincing, sometimes a suppression of menstruation for several months, sometimes a profuse discharge at the proper period, and sometimes a smaller discharge returning every ten or twelve days, often succeeded by leucorrhœa. And not unfrequently the system associates generally in the misaffection, and suffers from oppression, headach, nausea, or universal languor.

All these are cases that require rather to be carefully watched, than vigorously practised upon; and the character of an expectant physician, as the French denominate it, is the whole that is called for. The prime object should be to quiet irregular local irritation, wherever necessary, by gentle laxatives, moderate opiates, or other narcotics, and to prevent any incidental stimulus, mental emotion, or other cause, from interfering with the natural inertness into which the sexual system is progressively sinking. Hence the diet should be nutritive but plain; the exercise moderate; and costiveness prevented by lenient, but not cold eccoprotics: aloes, though most usually had recourse to, from its pungency, in earlier life, is one of the worst medicines we can employ at this period, as the sulphate of magnesia, warmed with any pleasant aromatic, is, perhaps, one of the best.

If the constitution be vigorous and plethoric, and particularly if the head feel oppressed and vertiginous, six or seven ounces of blood may, at first, be taken from the arm; but it is a practice we should avoid if possible, from the danger of its being necessarily resorted to again, and at length running into an inconvenient and debilitating habit.

The mammæ, that constantly associate in the changes of the uterus, and constitute a direct part of the sexual system, are at this time, also, not unfrequently in a state of considerable irritation; and, if a cancerous diathesis be lurking in the constitution, such irritation is often found sufficient to excite it into action. And, hence, the period before us is that, in which cancers of the breast most frequently show themselves.

GEN. I.
SPEC. V.

Paramenia
cessationis.

Cessation how
rendered a
disease.

Sometimes
accompanied
with a vain
sense of preg-
nancy, and
many of its
symptoms.

Sometimes
great irritation
of the uterus,
and irregular
menstruation.

The period re-
quires a careful
watch.

Palliative
treatment.

Bleeding how
far to be in-
dulged.

Mammæ often
in a state of
irritation from
sympathy: and
hence, occa-
sionally, can-
cers.

dwindles to one instance of pregnancy in 3333. (See Robertson on Menstruation, in Edin. Med. and Surg. Journ. for Oct. 1832, p. 254.) Dr. Ryan states, that he has known a woman delivered in her sixty-third year. See his Manual of Midwifery, p. 44. ed. 3. — Ed.

GEN. I.
SPEC. V.
Paramenia
cessationis.
Stock of sen-
sorial power
hereby redun-
dant, scattered
over the system
in different
ways.
Sometimes
generally, and
producing
corpulency.
Sometimes
locally, and in-
ducing a tumid
liver or other
organ.

From the natural paresis into which this important and active system is hereby thrown, a certain surplus of sensorial power seems to be let loose upon the system, which operates in various ways. The ordinary and most favourable mode is that of expending itself upon the adipose membrane generally, in consequence of which a larger portion of animal oil is poured forth, and the body becomes plump and corpulent. The most unfavourable, next to the excitement of a cancerous diathesis into action, is that of irritating some neighbouring organ, as the spleen, or liver, and thus working up a distressing parabysma or visceral turgescence; or deranging the order of the stomach, and laying a foundation for dyspepsy.*

* Dr. Marshal Hall, in his *Commentaries on the Diseases of Females*, recommends particular attention to be paid to the regulation of the bowels, and to diet, air, and exercise, at the cessation of menstruation. When vertigo or drowsiness is an effect of it, he is an advocate for the exhibition of purgatives, and the occasional abstraction of blood by cupping on the nape of the neck, or by the application of leeches. The following passage from Dr. Ryan's *Manual of Midwifery* is so correctly descriptive of subjects connected with this part of the study of medicine, that the editor deems no apology needed for its insertion:—"When menstruation is about to cease, the period is called 'the change or turn of life,' and many important changes take place in the constitution. The breasts collapse, the fulness of habit disappears, the skin shrivels, and loses its colour and softness, and many diseases appear in the womb and breast, which had lain dormant for years. However, when this period has passed, women often enjoy better prospects of health and of long life than the other sex. This period is also designated, 'the climacteric, the critical time, the critical age,' and, often before its arrival, the menstruation is irregular, absent for weeks or months; the abdomen becomes tumid; there is loss of appetite in the morning; and the woman considers herself pregnant, which is never the case. According to the statistical reports of Finlaison, Moret, Chateauneuf, and Lachaise, no more women than men die between the fortieth and fiftieth year; and Dewees contends, that women are not more liable to diseases at this than at any other period of life (meaning, of course, the generality of diseases; for to cancer we know they are certainly more exposed). The cessation of menstruation, however, is often preceded by a gradual decrease or increase of the fluid, nervousness, and all its Protean symptoms; or more serious diseases appear, so that moderate purgation is often of the greatest advantage. The internal and external orifices of the uterus become obliterated, partially or totally (Dugès); or the cervico-uterine orifice (Mayer); the uterus and ovaries are atrophied or hypertrophied; the rugæ of the vagina and mucous membrane of the uterus are relaxed, and pour out a mucous discharge; the vulva is flaccid and dilated; there is often prolapsus uteri; and the breasts decrease or disappear." — ED.

GENUS II.

LEUCORRHŒA.

WHITES.

MUCOUS DISCHARGE FROM THE VAGINA, COMMONLY WITHOUT INFECTION; DISAPPEARING DURING MENSTRUATION.

THE term leucorrhœa, from λευκός, “white,” and ῥέω, “to flow,” is apparently of modern origin: as it is not to be found in either the Greek or Roman writers; and seems first to have been met with in Bonet or Castellus.

GEN. II.
Origin of the generic term.

This is the *menorrhagia alba* of Dr. Cullen, so denominated because he conceives the evacuation to flow from the same vessels as the catamenia; as also that it is often joined with menorrhagia, or succeeds to it. Its source, however, is yet a point of dispute*: Stoll†, Pinæus, and various other distinguished writers have ascribed it, like Cullen, to the uterus. But, as it occurs often in great abundance in pregnant women, in girls of seven, eight, and nine years of age‡, and even in infants, it has been supposed by Wedel§, and most writers of the present day, to flow from the internal surface of the vagina, or, at the utmost, from the vagina jointly with the cervix of the uterus. Morgagni is, perhaps, most correct, who conceives, and appears, indeed, to have proved by dissections, that, in different cases, the morbid secretion issues from both organs; for he has sometimes found the uterus exhibiting in its internal surface whitish tubercles, tumid vessels, or some other diseased indication, and sometimes the vagina.¶ Frank affirms that he has occasionally, on dissection, traced it issuing from the Fallopian tubes.¶ In the case narrated by Mr. Hill, of Dumfries, and noticed under the preceding genus, it was evidently confined to the vagina alone.**

Menorrhagia alba of Cullen.

Source of the discharge a point of dispute.

Probably flows from both the vagina and cervix of the uterus.

When first secreted, it is bland and whitish, but differs in colour and quality under different circumstances, and hence affords the three following species:—

Qualities.

* Rat. Med., part vii. p. 155.

† De Notis Virginitatis, lib. i. prob. 3.

‡ Heister, Wahrnehmungen, b. ii. N. 128. Hoechstetter, Obs. Med., Dec. iv. cas. i. Schol.

§ Diss. de Fluore albo. Jen. 1743.

¶ De Sed. et Caus. Morb., Ep. xlvii. art. 12. 14. 16, 17, 18, 19. 27. Ep. lxii. art. 14. Numerous cases are on record, where, in prolapsus uteri, the leucorrhœal discharge proceeded from the os uteri itself. (Locock, in Cyclop. of Pract. Med., art. LEUCORRHŒA.) On the other hand, Dr. Jewel believes that the discharge, in ordinary cases, does not issue from the cavity of the uterus. — ED.

¶ De Cur. Hom. Morb. Epit., tom. v. p. 177. Mannh. 8vo. 1792. The simplest form of leucorrhœa is a mere increase of the natural secretion from the mucous membrane of the vagina. As this membrane is continued to the interior of the uterus, and the Fallopian tubes, it is easy to suppose, that now and then the lining of these organs may become affected, and the leucorrhœa have a more extensive seat. Locock, in Cyclop. of Pract. Med., art. LEUCORRHŒA. — ED.

** Edin. Med. Comment., iv. p. 91.

GEN. II.
Leucorrhœa.

- | | |
|-------------------------|--------------------------|
| 1. LEUCORRHŒA COMMUNIS. | COMMON WHITES. |
| 2. ————— NABOTHI. | LABOUR-SHOW. |
| 3. ————— SENESCENTIUM. | WHITES OF ADVANCED LIFE. |

SPECIES I.

LEUCORRHŒA COMMUNIS.

COMMON WHITES.

THE DISCHARGE OF A YELLOWISH-WHITE COLOUR, VERGING TO GREEN.‡

GEN. II.
SPEC. I.

Fluor albus of
most writers.

Description.

Causes.

Produced by
metastasis.

Has alternated
with other
complaints.

Where chiefly
found.

THIS species is the fluor albus of most writers: the medorrhœa foeminarum insons of Professor Frank. It is found in girls antecedently to menstruation, or on any simple local irritation in the middle of life, and hence also, as just observed, during pregnancy. It is said, in the Berlin Transactions, to be occasionally contagious*; and I have met with various cases, which seem to justify this remark.†

It has occurred as the result of suppressed menstruation: as it is asserted also to have done on a suppressed catarrh‡: and chilliness or suppressed perspiration of the feet.§ Local irritations, moreover, are frequent causes. And hence one reason of its being an occasional concomitant of pregnancy; as also of its being produced by pessaries injudiciously employed, by voluptuous excitements, and uncleanness. It is said at times to exist as a metastasis, and particularly to appear on a sudden failure of milk during the period of lactation: a failure which may be set down to the list of suppressed discharges.|| Jensen gives a singular case of leucorrhœa that alternated with a pituitous cough.¶ It is most

* Act. Med. Berol., Dec. I. vol. v. p. 85.

† On this point differences of opinion yet prevail. "True leucorrhœa is not infectious; it produces no disease in a man who cohabits with a female labouring under it." (Ramsbotham's Lectures, as published in Med. Gaz. for 1833-4, p. 420.) Where the discharge is purulent, or of an acrid quality, sexual intercourse, as Dr. Locock observes, will often bring on a train of symptoms in the male very much resembling gonorrhœa. "This, when occurring between husband and wife, has often led to much domestic unhappiness, from the supposition of one party or the other having contracted gonorrhœa from impure connection. It is important to be able to distinguish between gonorrhœa and common leucorrhœa, to remove or confirm the suspicions; but it is doubtful whether any very accurate diagnosis can be formed. It has been stated, that, in a recent gonorrhœa there is ardor urinæ, which does not accompany leucorrhœa, unless unusually acrid. But how are we to distinguish in a case of this unusually acrid leucorrhœa, or where a gonorrhœa is not recent? The redness and tumefaction of the labia, nymphae, &c. only can be seen in a recent gonorrhœa, and they may be seen in severe cases of leucorrhœa, particularly in those following local irritation, or possessing more acute inflammatory action." See Cyclop. of Pract. Med., art. LEUCORRHŒA. — ED.

‡ Act. Erud. Lips. 1709, p. 376. Raulin, sur les Fleurs blanches, p. 329.

§ Act. Nat. Cur., vol. viii. obs. 38.

|| Astruc, de Morb. Mulier., lib. I. cap. 10. ¶ Prod. Act. Hafn., p. 160.

frequently found among the weakly and delicate of crowded cities and humid regions, of a cachectic habit, and who use but little exercise; especially about the age of puberty, or who, being married, have borne too numerous a family, or been pregnant in too quick a succession. It is also found among the barren, those who cruelly forbear to suckle their own offspring, or who menstruate too sparingly.*

It is usually accompanied with a sense of languor, and a weakness or pain in the back. And, if it become chronic, or of long continuance, the countenance looks pale and unhealthy, the stomach is troubled with symptoms of indigestion, the skin is dry and feverish, and the feet œdematous.

The discharge, in its mildest form, is slimy, nearly colourless, or of an opaline hue, and unaccompanied with local irritation. It afterwards becomes more opaque and muculent, and is accompanied with a sense of heat, and itching or smarting: in this stage, it is of a yellowish white. But, as the disease advances in degree, it appears greenish, thinner, more acrid, and highly offensive, and is apt to excoriate the whole surface of the vagina: while there is often a considerable degree of pain in the uterus itself, and even in the loins.

Among novices there is some difficulty in distinguishing the discharge of whites from that of blenorrhœa, which we shall describe presently. But, though the appearance of the two fluids is often similar, they may easily be known by their accompanying signs. In blenorrhœa, there is local irritation from the first, and this irritation extends through a considerable part of the meatus urinarius, so as to produce a distressing pain in making water; symptoms which are not found in leucorrhœa. In the former, there is also, from the first, a swelling of the labia, a more regular though a smaller secretion, and of a more purulent appearance.

When the disease is violent, or of long continuance, it leads to great general as well as local debility. It has sometimes been followed by a prolapse of the uterus or vagina †; by abortion or miscarriage, where there is pregnancy; and by barrenness, where no pregnancy has occurred. When it acts on the system at large, it has given rise to cutaneous eruptions of various kinds ‡, hectic fever §, dropsy, scirrhus, and cancer.||

The cure is often difficult: but it is of no small importance to be, from the first, fully acquainted with the nature of its cause and character: for, upon this, the proper means to be pursued will mainly depend. And hence it will often be necessary to examine the organs themselves.¶

GEN. II.

SPEC. I.

Leucorrhœa
communis.Symptoms and
progress.How distin-
guishable from
blenorrhœa.Constitutional
mischief, when
violent.Medical
treatment.

* J. P. Frank, *De Cur. Hom. Morb. Epit.*, tom. v. p. 176.

† Boehman, *Diss. de Prolapsu et Inversione Uteri*. Hal. 1745.

‡ Klein, *Interpres Clinicus*, p. 112.

§ Hippocr. *Aph.*, sect. v.

¶ Raulin, *sur les Fleurs blanches*, tom. i. passim. Frank, *ut supr.*, p. 182.

¶ The following observations by Dr. Locock are full of judgment and truth:—"Sir Charles M. Clarke," says he, "has classed the diseases of the female genital organs by the nature of the vaginal discharges which are peculiar to them; and although there are many serious objections to such a mode of classification, yet it proves how important it is to note their several and distinguishing peculiarities. Of the diseases to which females are liable, there is none more common than vaginal discharge of one sort or another; it attends most of the uterine diseases, and it is extremely common, as the result of either local or constitutional dis-

GEN. II.

SPEC. I.

Leucorrhœa
communis.

Local remedies.

Injections of
warm water or
diluted solution
of acetate of
lead.Other astringent
injections.Fume of
sulphur.Aqua-regia
bath.Disease often
troublesome
and obstinate.General
remedies.

Acids.

Emetics.

Purgatives.

If the cause be uncleanness, a lodgment of some portion of a late menstrual flux, or any other irritating material, in the vagina, nothing more may be necessary than frequent injections of warm water: or, if the vagina itself be much irritated, injections of the diluted solution of the acetate of lead: which last will often, indeed, be found highly serviceable where the discharge proceeds from debility and relaxation, produced by a severe labour or miscarriage, forming no uncommon causes; as they are also no uncommon effects.

Other astringent injections have often been tried, as green tea, a solution of alum, or sulphate of zinc, a decoction of pomegranate bark, or a solution of catechu. All these are sure to be of service, as tending to wash away the discharge, and keep the parts clean; and, in many cases, they will also succeed as astringents: nor is it always easy to determine which is to be preferred; for, in some cases, one answers the purpose best; and, in others, another.*

Sir Kenelm Digby recommended a local application of the fume of sulphur†, which may be communicated in various ways; and, so far as this has a tendency to change the nature of the morbid action, by originating a new excitement, it is worthy of attention; but perhaps the diluted aqua-regia bath, of which we have spoken under spasmodic jaundice‡, may prove more advantageous.

The disease, however, is often highly troublesome and obstinate, and hence it has been necessary to employ constitutional as well as local means.

The general remedies, that have been had recourse to, are almost innumerable. Acids have been taken internally in as concentrated a state as possible, but rarely with much success. The sulphuric acid has been chiefly depended upon: and, in the form of the eau de Rabel, which is that of digesting one part to three of spirit of wine, it was at one period supposed to be almost a specific. The compound, however, has not been able to maintain its reputation, and has long sunk into disuse.

Emetics have been found more useful, as operating by revulsion, and stimulating the system generally, and, on this ground, a sea-voyage, accompanied with sea-sickness, has often effected a cure. Stimulating the bowels, and particularly in the commencement of

turbance, or of general debility. It is looked upon by the patients themselves as the cause of ill health, or of the symptoms under which they may happen to labour; whereas, in the majority of instances, the discharge itself can only be considered as a symptom, the effect and result of local or general disorder. By practitioners in general, vaginal discharges have been carelessly attended to; there has been one common routine of treatment, without investigation; and it is only when the complaint has been obstinate, that at a later period more minute enquiry has been made, and more rational and scientific plans adopted. So many of the vaginal discharges depend upon uterine disorganisation, or some alteration in the position of that organ, that it is advisable in every case, where possible, to make a minute examination per vaginam." See art. LEUCORRHŒA, in Cyclop. of Pract. Med. — Ed.

* Weak solutions of the nitrate of silver are preferred by Dr. Jewel, in the proportion of from one to three grains of the nitrate to each ounce of distilled water. Sometimes he applies the caustic itself to the cervix uteri. At the Lock Hospital, injections, containing ℥ij or ʒss of the nitrate of silver in every ounce of water, have sometimes been employed. — Ed.

† Medic. Experiment, p. 65.

‡ Icter. Spasmodic., vol. i.

the disease, and where the general strength has not been much encroached upon, has, for the same reason, been frequently found useful, as transferring the irritation to a neighbouring organ, and under a more manageable form. And one of the best stimulants for this purpose is sulphate of magnesia. Small doses of calomel have been given daily with the same view, but, in general, they have not succeeded. Heister, however, recommended mercury in this disease, even to the extent of salivation*; yet this is a very doubtful remedy, and, even under the best issue, purchases success at a dear rate. A spontaneous salivation has sometimes effected a cure.† Mr. John Hunter, with a view of changing the nature of the morbid action in its own field, advised mercurial inunctions in the vagina itself.

Other stimulants have been recommended, that operate more generally, and have a peculiar tendency to influence the secretion of mucous membranes, as the terebinthinate preparations, particularly camphor, balsam of copaiba, cubebs, and turpentine itself: and there is reason to believe, that the second of these has often been useful. It has sometimes been employed in combination with tincture of cantharides: but the latter is, in most instances, too irritating, whether made use of alone, or with any other medicine.

As the acids have not succeeded, neither have other astringents to any great extent. The argentina or wild tansey (*potentilla anserina* Linn.) was at one time in high favour; it was particularly recommended by M. Tournefort, and, upon his recommendation, very generally adopted. Alum has been supported by a still greater number of advocates for its use; and kino has, perhaps, been employed quite as extensively. Dr. Cullen asserts, that he has tried all these alone without success, but that by uniting kino and alum, as in the pulvis stypticus of the Edinburgh College, he obtained not only a most powerful astringent, but one that had occasionally proved serviceable in the present disease. The anserina has justly sunk into oblivion. The rhatany root is much better entitled to a trial in the form of a decoction, as already recommended in atonic *paramenia superflua*: though, from its warmth, united with the quality of astringency, it is a still more promising remedy in the leucorrhœa of advanced life.

Upon the whole, the best general treatment we can recommend, is a use of the metallic tonics, and especially zinc and iron, in conjunction with a generous but temperate diet, exercise that produces no fatigue, pure air, and change of air, cold bathing, regular and early hours, and especially a course of the mineral waters of Tunbridge or Cheltenham. [In chronic leucorrhœa, the internal and external use of iodine has been tried with benefit‡; and Dr. Negri and others have tried small doses of the *secale cornutum*. It is admitted, however, that its efficacy is less prompt than in cases of uterine hemorrhage.§ When the disorder depends upon suppressed menstruation, M. Guibert finds, that, upon the menstrual discharge being re-established by bleeding, the leucorrhœa ceases at once.||]

GEN. II.

SPEC. I.

Leucorrhœa
communis.
Treatment.Mercury so as
to produce
salivation.Mercurial
inunction.Irritants of
mucous mem-
branes, as the
terebinthinate
preparations.Tincture of
cantharides.Astringents.
Potentilla
anserina: or
wild tansey.Alum.
Kino..

Rhatany root.

Best general
treatment.

Iodine.

Secale
cornutum.

* Wahrnehmungen, band ii.

† Eph. Nat. Cur., Dec. iii. ann. ix. x. obs. 140.

‡ Gimele; Omodei, Annali, &c.

§ See Lond. Med. Gaz. for 1833-4, p. 369.

|| Revue Méd., Juillet, 1827.

SPECIES II.

LEUCORRHŒA NABOTHI.

LABOUR-SHOW.

THE DISCHARGE SLIMY, AND MOSTLY TINGED WITH BLOOD.

GEN. II.

SPEC. II.

Synonyms.

Where usually
found.

Probable
source.

Sometimes
chronic and
troublesome.

Mode of
treatment.

IN this species, the fluid is secreted by the glandulæ Nabothi, situate on the mouth of the uterus, whence the specific name. It is the *leucorrhœa Nabothi* of Sauvages, and the *hæmorrhagia Nabothi* of Cullen. It is most usually found as the harbinger of labour; and indicates, that the irritation, which stimulates the uterus to spasmodic and expulsoy contractions, when the full term of pregnancy has been completed, or some accident has hurried forward the process, has now commenced, and that the pains of childbirth may soon be expected. It is probably nothing more, than the usual fluid secreted by the glands from which it flows, augmented in quantity in consequence of temporary excitement, and mixed with a small quantity of blood. It is hardly entitled to the name of a hemorrhage, as given by Dr. Cullen, though blood from the uterus often succeeds to it, apparently thrown forth in consequence of the violence of the pains.

In its ordinary occurrence, it is only worthy of notice as a deviation from the common secretions of health, and is rather to be hailed, than to become a subject of cure or removal. But there is a state of irritation, to which these glands are sometimes subject, that produces the same discharge, and in considerable abundance, for many weeks or months before labour, and which, for the comfort of the patient, requires a little medical advice and attention.

The irritation may proceed from plethora and distension, or from a weak or relaxed state of the constitution. If from the former, venesection and gentle laxatives will prove the best course we can pursue: if from the latter, a reclined position, easy intestinal evacuations, and such sedatives as may sit most pleasantly on the stomach, and produce least disturbance to the head.

SPECIES III.

LEUCORRHŒA SENESCENTIUM.

WHITES OF ADVANCED LIFE.

THE DISCHARGE THIN, ACRID, FREQUENTLY EXCORIATING AND FETID.

GEN. II.

SPEC. III.

Often connect-
ed with a

THIS is usually, but not always, connected with a morbid state of the uterus. It commonly shows itself on the cessation of the menses: and is often chronic and obstinate.

The more common diseases of the uterus, with which the discharge is combined, are an incipient cancer, or a polypous fungus. But I have occasionally met with it unconnected with either, and apparently dependent upon a peculiar and chronic irritability of the uterus, or rather perhaps of those glands, which secrete the fluid that is poured forth during the act of sexual intercourse. A lady about forty years of age not long ago applied to me, who had for more than a twelvemonth been labouring under a very distressing case of this kind. She had been married from an early period of life, but had never been pregnant. Her general health was good, her temper easy, her imagination peculiarly warm and vivid. She had no local pain, and had ceased to menstruate at the age of about thirty-eight. The discharge, at the time I first saw her, consisted of at least from a quarter to half a pint daily; thick, slimy, brownish, and highly offensive. Every external and internal remedy that could be thought of appeared to be of only temporary avail, and sometimes of no avail whatever, though she certainly derived relief from injections of the *punica granatum*, with a fourth part port wine, which for some time checked the discharge, and diminished the fetor. In the mean time, the general strength was preyed upon, the loins became full of pain, the appetite failed, and the sleep was disturbed. Accidental circumstances compelled her, even in this debilitated state, to undertake a voyage to India. During its progress, she suffered severely from sea-sickness; but the change hereby produced, or effected by the alteration of climate, proved peculiarly salutary; for she gradually lost the complaint, and recovered her usual health. Hence, emetics, change of climate, and the tonic plan already recommended under the first species, seem to be the best course we can pursue in the species before us. *

GEN. II.
SPEC. III.
Leucorrhœa senescentium.
morbid state of the uterus, especially cancer and a polypous fungus.
Sometimes depends upon irritability of the uterus alone.
Striking case in exemplification.

General plan of treatment.

GENUS III.

BLENORRHŒA.

GONORRHŒA.

MUCULENT DISCHARGE FROM THE URETHRA OR VAGINA; GENERALLY WITH LOCAL IRRITATION AND DYSURY; NOT DISAPPEARING DURING MENSTRUATION.

BLENORRHŒA is a Greek compound of modern writers, derived from βλεννᾶ, “mucus,” and ῥέω, “to flow.” Sauvages, and after him Cullen, have employed gonorrhœa from γόνος, “semen,” and ῥέω, as a common term for this and SPERMORRHŒA, constituting

GEN. III.
Origin of generic term.
Synonyms.

* Sir Charles Clarke has frequently known leucorrhœa, attended by the worst symptoms, subside on the removal of the patient into the country, with very little aid from medicine. — ED.

GEN. III.
Blenorrhœa.

Unsettled use
of the term
gonorrhœa.

the ensuing genus, and consisting in an evacuation of semen. Cullen, indeed, has extended the term still further in his First Lines, and hence morbid secretion of mucus, all kinds of venereal contagion and seminal flux, are equally arranged as species of the same generic disease; and this, too, under a word which imports the last alone: while, to add to the confusion, this very word, in its vulgar sense, is restrained to venereal contagion, which, in its strict meaning, that of seminal flux, it signifies just as much as it does abortion or stone in the bladder. It is high time to make a distinction, and to divide the list of Sauvages into two genera. Blenorrhœa has, indeed, been already employed of late by various writers to denote the first of these genera, and there is no necessity for changing the term.

The genus under Müller* is subdivided into numerous species: but the three following include the whole that fairly belong to it:—

- | | |
|------------------------|--------------------------|
| 1. BLENORRHŒA SIMPLEX. | SIMPLE URETHRAL RUNNING. |
| 2. ————— LUODES. | CLAP. |
| 3. ————— CHRONICA. | GLEET. |

SPECIES I.

BLENORRHŒA SIMPLEX.

SIMPLE URETHRAL RUNNING.

SIMPLE INCREASED SECRETION FROM THE MUCOUS GLANDS OF THE URETHRA.

GEN. III.

SPEC. I.

Efflux from
simple local
irritation.

Causes.

THIS definition is given in the words of Dr. Fordyce, and is sufficiently clear and expressive. In effect, the efflux proceeds from mere local irritation, unaccompanied by contagion, or virulence of any kind, and is chiefly found in persons in whom the affected organ is in a state of debility; the occasional causes of irritation being venereal excess, too large an indulgence in spirituous liquors, cold, topical inflammation, too frequent purging, violent exercise on horseback, to which various authors add transferred rheumatic action†; and occasionally, according to Mr. John Hunter, transferred irritation of the teeth.‡

The matter discharged is whitish and mild, producing no excoriation, pain in micturition, or other disquiet. It is the mild gonorrhœa of many writers, the *gonorrhœa pura* of Dr. Cullen; and usually yields without difficulty to rest, emollient injections, and very gentle and cooling purgatives.

* Müller, Medic. Wochenblatt, 1784. N. li. plures species.

† De Plaigne, Journ. de Méd., tom. lxxiv. Richter, Chir. Bibl., b. iv. p. 508. Pouteau, Œuvres Posthumes, i.

‡ Natural History of the Teeth.

SPECIES II.

BLENORRHŒA LUODES.

CLAP.

MUCULENT DISCHARGE FROM THE URETHRA OR VAGINA, INTERMIXED WITH SPECIFIC VIRUS: BURNING PAIN IN MICTURITION: PRODUCED BY IMPURE COITION: INFECTIOUS.

THIS is a disorder of far greater mischief and violence than the preceding, and, in contradistinction to it, has been very generally denominated the virulent or malignant gonorrhœa. It is the *gonorrhœa impura* of Cullen.

The disease was for many years supposed to be a local effect of that poison which, when communicated to the system, produces syphilis. It is in truth received in the same manner, and by the same organs — its medium of conveyance being that of cohabitation with an infected person. We are chiefly indebted to Mr. John Hunter for having pointed out the distinction; and there is now scarcely an individual in our own country who has any doubt upon the subject, though there are several who conjecture, that it has been derived from the syphilitic venom, changed and softened in its virulence by an introduction into different constitutions. These conjectures are harmless, but they have little ground for support. That it is a disease specifically different from syphilis, is clear from the following facts. Its appearance did not commence till more than a hundred years after that of syphilis*; it will continue for months without any syphilitic symptoms, which are rarely, indeed, found connected with it; and where such symptoms have shown themselves, there has been full evidence of a new and different infection, or strong ground for suspicion: the matter of chancre, the pathognomonic symptom of syphilis, when introduced into the urethra, has been found not to produce clap, and the matter of clap inserted under the skin, has been proved not to produce syphilis: the common course of mercury, which is the only specific cure for the latter, is a very inconvenient and dilatory way of treating the former; while the local plan, by which the former is conquered with great speed and ease, produces no effect on the latter. It is singular, therefore, that the old and erroneous doctrine of their being one and the same disease should still maintain its ground in France, as it appears to do from M. Sante-Marie's late treatise, as well as various others, on this subject.†

GEN. III.

SPEC. II.

Commonly called virulent or malignant gonorrhœa.

Once supposed to be an effect of syphilis.

How far it coincides with syphilis.

Distinctive symptoms.

Such symptoms not generally acknowledged in France.

* As discharges from the urethra have been common from time immemorial, this assertion can hardly be received as correct and certain, inasmuch as it is now impossible to form any judgment respecting the particular nature of those complaints. From what we know of discharges from the urethra, as they appear at the present day, we have every reason to believe, that some of those referred to by the ancients, must have been capable of communication from one person to another. — ED.

† Méthode pour guérir les Maladies Vénériennes invétérées, &c. Paris, 1818.

GEN. III.

SPEC. II.

Blenorrhœa
luodes.Lagneau's
hypothesis;
examined and
replied to.Simulated
symptoms of
syphilis may
perhaps, though
rarely, spring
from gonor-
rhœa;
as they do
from other local
irritants.Some of these
distinctions
known and
acted upon be-
fore the time
of J. Hunter.

Pathology.

M. Lagneau, indeed, although he acknowledges that clap or gonorrhœa may have a different origin from syphilis, still endeavours to prove the identity of the former and chancres in the greater number of cases, from the fact that various females have been infected with both complaints by the same man, and various men by the same female.* But this will go no further than to show, that the individual, communicating both complaints, was infected with both at the same time. What is so common as *porrigo galeata* or scalled-head co-existing with itch; or dysentery with bilious fever, measles, or any other epidemic that may be prevalent together with itself? It is very possible, indeed, that, in a few habits or idiosyncrasies, the matter of gonorrhœa may produce chancres or other local sores, or even be followed by constitutional symptoms very closely mimicking those of syphilis: for, when treating of this last disease, we shall have to show that such mimicry of symptoms frequently takes place from other impure and local irritants, and with so near a resemblance as to be distinguished with great difficulty from the disease it seems to copy.† We have already pointed out the distinctive characters of the malady before us and syphilis; and it is sufficient to observe further, that the anomalous symptoms, if they ever follow genuine clap, occur not in the ordinary course of its march, but as extreme exceptions to its established habits; and are not to be found once in ten thousand examples.

Some of these facts, indeed, were known to physiologists and reasoned from even before the time of Mr. John Hunter; and hence Baglivi contended, that virulent gonorrhœa, as it was then called, may be produced by other acrimonies than the syphilitic ‡, while Zeller, towards the close of the seventeenth century, affirmed, that it may originate in either sex without contact §; and Stoll, in the middle of the eighteenth, that it proceeds from various causes, of which syphilitic contagion is one.|| It is due to the merits of Dr. Balfour to observe, that he made the distinction between syphilis and gonorrhœa the ground of his inaugural dissertation at Edinburgh in 1767, which was nineteen years before the publication of Mr. Hunter's celebrated work.

It is not easy to account for the primary appearance of this or of any other specific poison: but we see daily that most, perhaps all, mucous membranes, under a state of some peculiar morbid action, have a tendency to secrete a virulent and even contagious material of some kind or other; the particles of which are in some instances highly volatile, and capable of communicating their specific effect to organs of a like kind; and of propagating their power by assimilation, after having been diffused to some distance through the atmosphere, which does not at all times readily dissolve them;

* Exposé des Symptomes de la Maladie Vénérienne. Paris, 1815.

† The facts, recorded in the writings of Mr. Evans and Dr. Hennen, leave no doubt of the fact, that sores of various character have arisen on the genitals, after connection with individuals affected only with clap. Whether any of such sores were true Hunterian chancres, is another question, on which a different opinion may perhaps be entertained from that of M. Lagneau. — Ed.

‡ De Fibrâ Motice, &c.

§ Diss. de Gonorrhœâ utroque sexû. Tubing. 1700.

|| Prælect., p. 104.

though, agreeably to a general law we have formerly pointed out, the more readily, the purer the constitution of the atmosphere. * We have a manifest proof of this in the muculent discharge of dysentery, in canine catarrh or the muculent affection in the nostrils of dogs, which is vulgarly called distemper, and in the glanders, possibly also in the farcy, of horses. And although that species of catarrh, which we name influenza, is probably a miasm, rather dependent on some intemperament of the atmosphere itself in its origin, than on the temperament of the individual who suffers from it; yet, this also becomes a contagion in its progress, and is communicable, in consequence of such new property, from individual to individual, after a removal into fresh and very remote atmospheres by travelling†: whilst nothing can be more highly contagious than the discharge from the mucous glands of the tunica conjunctiva in purulent ophthalmia, although perhaps a direct contact is necessary for the production of its effect.

In like manner, leucorrhœa, as we have already observed, has sometimes seemed to be contagious; for I have occasionally found a kind of blenorrhœa produced in men, accompanied with a slight pain in the urethra, and some difficulty in making water, upon cohabitation with women who, upon inspection, had no marks whatever of luetic blenorrhœa, or clap; and, in some instances, indeed, were wives and matrons of unimpeachable character.

The disease before us, however, has symptoms peculiar to itself, and undoubtedly depends upon a specific virus. The chief of these symptoms are described in the definition. They are generally preceded by a troublesome itching in the glans penis, and a general sense of soreness up the whole course of the urethra; soon after which the discharge appears, on pressing the glans, in the form of a whitish pus oozing from its orifice. In a day or two it increases in quantity, and becomes yellowish; and, as the inflammation augments, and the disorder grows more virulent, the yellow is converted into a greenish hue, and the matter loses its purulent appearance, and is thinner and more irritant. The burning or scalding pain that takes place on making water, is usually seated about half an inch within the orifice of the urethra, at which part the passage feels peculiarly straitened, whence the urine flows in a small, interrupted stream: the lips of the urethra are thickened and inflamed, and a general tension is felt up the course of the penis. This last symptom is sometimes extremely violent, and accompanied with involuntary erections; at which time, if the cells of the corpus spongiosum urethræ be united by the adhesive inflammation, and rendered incapable of yielding equally with the corpora cavernosa, the penis is incurvated with intolerable pain. It is to this state of the penis, in which it bears some resemblance to a hard, twisted cord, that the French have given the name of CHORDEE. Under these circumstances, we often meet with a troublesome phimosis either of the strangulating or incarcerating kind; in consequence of the increased spread of the inflammation. Sometimes it extends to one or both groins, in which case the

GEN. III.

SPEC. II.

Blenorrhœa
luodes.Compared with
the discharge
from dysen-
tery;canine catarrh:
glanders:
farcy:purulent
ophthalmia.

Leucorrhœa.

Clap has spe-
cific symptoms
and a specific
virus.Symptoms
described.

* Vol. i. corol. 9. p. 589.

† See Catarrhus Epidemicus of this work, Vol. ii. Cl. III. Ord. II. Gen. IX. Spec. II.

GEN. III.
SPEC. II.
Blenorrhœa
luodes.

Disease less
severe in
women than in
men, and why.

Interval from
the time of
infection.

Gonorrhœa
sicca.

Puriform fluid
thrown forth,
does not pro-
ceed from an
ulcer: but
is secreted
from the inter-
nal membrane
of the urethra.

Curative pro-
cess simple in
the present day,
and why.

Two classes of
remedies :
stimulant and
sedative :
both used
generally and
locally.
Mode of action
of both.

glands swell and buboes are often formed: sometimes it reaches to the bladder, the inner surface of which pours forth a cheesy or wheyey fluid, instead of its proper lubricous secretion, which is blended with the urine; and sometimes the testes participate in the inflammation, become swollen and painful, and excite a considerable degree of fever.

In woman, the chief seat of affection is the vagina; but as this is a less sensible part than the urethra, the pain is seldom so pungent, except when the meatus urinarius and the nymphæ associate and participate in the inflammation.

The disease appears at very different intervals after infection, according to the irritability of the constitution. The usual time is about the fourth or fifth day. But it has shown itself within the first twenty-four hours, and has sometimes continued dormant for a fortnight. Domeier lays down the time from the fourth to the fourteenth day*; Plenciz fixes it after the tenth.† Sometimes only a very small discharge takes place, while the other symptoms are peculiarly exasperated. To this state of the disease, some practitioners have applied the very absurd name of *gonorrhœa sicca*.

It was at one time imagined, that the puriform fluid, which is usually poured forth in considerable abundance, proceeds from an ulcer in the urethra: but it is now well known, that it is not necessary for an ulcer or an abscess to exist for the formation of pus, and the dissection of persons who have died while labouring under this disease, has sufficiently shown, that the secretion is thrown forth from the internal membrane of the urethra, chiefly at the lacunæ, without the least appearance of ulceration, or even, in most instances, of excoriation.

The cure, in the present day, is simple; for the venereal clap, like the venereal pox, appears to have lost much of that virulence and severity of character, by passing from one constitution to another, which it evinced on its first detection.‡ Rest, diluent drinks, and an antiphlogistic regimen, will often effect a cure alone. But it may be expedited by cooling laxatives and topical applications.

The remedies employed are of two kinds, and of very opposite characters; stimulant and sedative. Both, also, are used generally and locally; with a view of taking off the irritation indirectly, by exciting a new action; or directly, by rendering the parts affected torpid to the existing action, and thus allowing it to die away of its own accord. Many of these medicines, indeed, as well the local as the general, were, at one time, supposed to be natural

* Fragmente über die Erkenntnis venerischer Krankheiten. Hanov. 1790.

† Acta et Observationes Med., p. 139.

‡ The statement of clap and the venereal disease having become milder by transmission from one constitution to another, than they were at their origin, is one that can only be received as a supposition; for the exact periods of the origin of the venereal disease and of gonorrhœa form a subject involved in considerable obscurity. In the most ancient times, the genitals were also subject to discharges and ulceration; and, at the present day, the venereal disease is believed to be either several different specific disorders, or else several forms of one disease, so disguised and modified by the influence of temperament, climate, mode of living, and other causes, as virtually to form cases that seem to have little resemblance to each other, and to require very opposite modes of treatment.
— Ed.

antidotes, and to cure by a specific power: an idea, however, which has been long banished from the minds of most practitioners.

The general sedatives that have hitherto been principally employed are opium, conium, nitre, oily emulsions, and mucilages. The first has often succeeded, but with considerable and very unnecessary inconvenience to the constitution: the others are not much to be depended upon. They may have co-operated with a rigidly reducent diet, but have seldom answered alone.

Employed locally, some of them, and particularly opium, have proved far more beneficial. The best form of this last is that of an injection, rendered somewhat viscid by oil or mucilage.

The stimulant process has, however, been found to answer so much more effectually, that it has almost superseded the use of sedatives.

Formerly this process, also, was employed generally, and it was supposed, and in many cases sufficiently ascertained, that, by strongly irritating some other part, the morbid excitement of the urethra would subside, and the organ have time to recover its natural action. And hence the intestines were daily stimulated by cathartics, as neutral salts, mercury, and colocynth, which last was at one time regarded as a specific; or terebinthines, as camphor, balsam of copaiba, and turpentine itself. And sometimes the bladder was treated in the same manner, with diuretics of all kinds, and especially with cantharides.

This plan is still continued in many parts of the East, and particularly in Bengal and Java; where, as we are informed by Mr. Crawford, the common remedy, and one to which the disease in those hot regions yields very easily, is that of cubebs, the *piper cubeba* of Linneus. This pepper, well pounded, is exhibited in a little water, five or six times a day, in the quantity of a dessert-spoonful, or about three drachms, as well in the ensuing as in the present species, during which time all heating aliments are to be carefully abstained from. The cure, we are told, is entirely completed in two or three days, the ardor urinæ first ceasing, and the discharge again becoming viscid. A slight diarrhœa is sometimes produced, with a flushing in the face, and a sense of heat in the palms of the hands, and the soles of the feet. In a few instances, Mr. Crawford tells us, inflamed testicles have supervened, an affection which yields easily to the common treatment.* This plan has of late been extensively made use of at home. Mr. Broughton has given us a result of fifty trials under his own eye; and of these, he tells us, that he cured forty-one in less than a month; that five were relieved; one was cured, but relapsed; and three failed. He affirms, that it does not disagree with the stomach, is more easily admissible than balsam of copaiba, and is not attended with the evils of injections. He employed the medicine two or three times a day; giving, of the powder, from two drachms to half an ounce, and of the wine or tincture from a drachm to half an ounce for the dose.†

GEN. III.
SPEC. II.

Blenorrhœa
luodes.
General
sedatives.

Stimulant
process.

Stimulants em-
ployed gene-
rally, how
supposed to
operate.

Still continued
in the East.

Cubebs.

Successful
practice of
Broughton.

* Account of the Piper Cubeba, &c. Edin. Med. and Surg. Journ., No. liii. p. 32.

† Trans. of the Medico-Chir. Soc., vol. xii. part 1. 1822. The cubebs, or Java pepper, as it is termed, still possesses considerable repute for its efficacy in

GEN. III.

SPEC. II.

Blenorrhœa
luodes.Stimulants
employed
locally.

Metallic salts.

Solution of
alum.Sulphate of
zinc with bole
armenic.Sulphate of
copper.

Cleanliness.

Spasmodic con-
strictions,
distinct from,
though vul-
garly called,
strictures.

There is no necessity, however, for subjecting the constitution to so severe a discipline; for the stimulant process, and particularly that of astringent stimulants, when employed locally, succeeds ordinarily in a few days without any trouble. These consist chiefly of metallic salts in solution, as the muriate and submuriate of mercury, the former in the proportion of three or four grains to eight ounces of water, sulphate of zinc, sulphate of copper, ammoniacal copper, and the acetated solution of lead. The astringent property of most of these, under due management, instead of being found mischievous, gives a check to the morbid secretion, at the same time that it acts as a direct tonic, and rapidly restores the irritated mouths of the exhalants to their healthy and proper action; and this, too, without the inconvenience of a secondary inflammation. A slight solution of alum alone, indeed, in the proportion of one or two grains to an ounce of water, has, for this purpose, been often employed with sufficient efficacy; though the present author has reason to prefer the sulphate of zinc, which he has usually combined with bole armenic, in the proportion of one scruple of the former and two of the latter to half a pint of water. And he can venture to say, that, through a pretty extensive course of practice for upwards of thirty years, he has never known this composition to fail; and has never perceived it produce any of the inconveniences of stricture or swelled testicle, which were so much, but so groundlessly, apprehended when the stimulating and astringent practice was first introduced.

The addition of the bole may, to some practitioners appear trifling, but it adds to the power of the zinc, probably by giving an increased body to the solution without diminishing its stimulant effect, which would certainly follow by using oil or mucilage in its stead. The sulphate of copper is more irritating than that of zinc, and, in a strong solution, is more likely to produce inflammation; and it is on this account chiefly that the author has confined himself to the latter. It is, in effect, by an analogous practice, that several modifications of purulent ophthalmia, and particularly that of infancy, is most successfully subdued, as we observed when treating of this disease.

It is almost unnecessary to add, that the utmost cleanliness by frequent washing should be maintained from the first appearance of the disease.

Where the complaint, however, is improperly treated with stimulants, and particularly astringent stimulants, or where it has continued too long before application for medical assistance, the whole range of the urethra, or some particular parts of it, are apt to become so irritable as to suffer spasmodic contractions, which commonly pass under the name of strictures, without being so in reality; and, as we have already observed, this irritation, in some cases, extends to the interior surface of the bladder, and even thickens it. We have often had occasion to remark that, in fibrous

checking gonorrhœas and gleet, and is in common use. It seems to act as a terebinthinate, and, like other medicines of this class, if it does good at all, the benefit is perceived as soon as the urine begins to have its odour and other qualities changed by the remedy. — ED.

structures and canals, the most sensible parts are their extremities; and this remark is particularly applicable to blenorrhœa, for the portions of the urethra which suffer most from irritation, are the interior membrane of the glans and the prostate, particularly the latter, in consequence of its direct connection with the bladder as well as the urethral canal.

On this account, when a patient once labours under spasmodic constrictions from the disease before us, whatever other parts these may exist in, the introduction of a bougie will be almost sure to prove, that there is also a constriction towards the prostate gland. Generally speaking, it will be found to originate here, and to occur in other parts of the canal from sympathy. But the case will often be reversed, and while the irritation originates in some other part, or in the bladder, it is by sympathy with these that the prostate itself is affected. Mr. Abernethy has pointed out this double source of spasmodic constriction in the prostate, in the clearest manner possible*; and the remarks he has offered upon the propriety of employing or withholding the bougie as an instrument of cure cannot be too deeply imprinted on every student's mind; the general principle of which is to persevere in its use wherever it appears to blunt the sensibility; and to pass it as high up the urethra as can be accomplished with this effect, if possible, indeed, through the prostate into the bladder; but in every instance to desist where a second or third trial of the instrument gives more pain than the first, or to content ourselves with passing it as high as can be done without any such symptoms of increased irritation, and there stopping short; and only making an occasional trial when we have reason to hope, that the morbid sensibility has still further subsided. M. Ducamp thinks, however, that little benefit is to be derived from bougies; and that suffering them to remain in the urethra is sure to increase the irritation.†

GEN. III.
SPEC. II.
Blenorrhœa
luodes.
Their origin
accounted for,
and remote
action.

Commence in
the prostate,
and extend to
other parts.
This rule
occasionally
reversed.

Bougie how
far available,
and when to be
used.

Discounte-
nanced by
Ducamp.

SPECIES III.

BLÉNORRHŒA CHRONICA.

GLEET.

SLIMY DISCHARGE FROM THE MUCOUS GLANDS OF THE URETHRA, WITHOUT SPECIFIC VENOM OR INFECTION: SLIGHTLY IRRITATING: CHRONIC.

THIS species is a frequent sequel of a clap that has been ill managed, or has lasted long, and produced an obstinate local debility. But it exists also independently of clap, and is occasioned by strains, excess of venery, and other causes of weakness. The discharge is, for the most part, a bland and slimy mucus, not accompanied with inflammation, apparently proceeding from a

GEN. III.
SPEC. III.
May be a sequel
of the preced-
ing or a primary
disease.
Nature of the
discharge.

* Surgical Observations on Diseases of the Urethra, p. 194. 8vo. 1810.

† Traité des Retentions d'Urine par le Rétrécissement de l'Urethre, &c. Paris, 8vo. 1822.

GEN. III.
SPEC. III.
Blenorrhœa
chronica.

Generally
yields to local
means with
ease : but
sometimes pe-
culiarly intract-
able.

Ordinary
stimulants.

Bougies of
advantage.

Sometimes
armed with
irritants ; but
this demands
caution.

If great irrit-
ation succeed,
how to be
treated.

In women,
gleet sometimes
mistaken for
leucorrhœa.

morbid relaxation of the mucous glands of the urethra, and at times, like other discharges from debilitated organs, accompanied with and kept up by irritation, and especially irritation produced by a stricture in the urethra properly so called, or a diseased state of the prostate gland.

In common cases, the disease yields to the local tonics and astringents recommended under the preceding species, but it is sometimes peculiarly irritable, and bids defiance to all the ingenuity of the medical art. A. Castro gives an instance of its having continued for eighteen years.*

The stimulants ordinarily employed have consisted of copaiba, cubebs, or some terebinthinate or resinous balsam in the form of injection ; tincture of ipecacuanha, as recommended by Swediaur ; infusion of cantharides, a favourite remedy with Bartholin ; or a blister applied to the urethra, as advised by Mr. John Hunter and several other writers.

The bougie may here be used, for the most part, more fearlessly than in the preceding species. Its own simple stimulus, if employed regularly once or twice a-day, has often proved sufficient : and where this fails, it may be rendered more active by being smeared with turpentine, mercurial ointment, or camphorated liniment ; or armed with nitrate of silver, where strictures require it. Even in this species, however, it is a valuable remark of Mr. John Hunter, that, before we have recourse to any powerful application, we should well weigh the degree of irritability of the patient's constitution ; for we may otherwise run a risk of exciting a violent local inflammation, or of extending the irritation to the testes or the bladder. Should such an issue unfortunately occur, one of the most salutary injections we can employ is a solution of the extract of hyoscyamus in water. Even in chordees which resisted the influence of opium, Mr. Bell asserts, that he has found this medicine advantageous in the quantity of from one to three grains at a time, and repeated three times a-day or oftener. Or we may have recourse to a warm hemlock poultice, applied every night, and made sufficiently large to cover the whole of the perinæum, testes, and penis. I have known this succeed in taking off an habitual irritation, and with it effectually suppressing the discharge, on the third application, in two instances of more than a twelvemonth's standing ; and this after stimulants of all kinds, and narcotics of many kinds, and particularly opium, had been tried in succession. The leaves were here employed in a fresh state.

In women, this disease is often mistaken for leucorrhœa ; we have pointed out the distinctive character under the last species. Yet the mistake is not of essential consequence, as the same treatment will often effect a cure in both. As the vagina, however, is less irritable than the urethra, gleet in females is a less frequent and troublesome complaint than in males.

* De Morb. Mul., p. 68. Here it is to be suspected, that the disease must have depended upon the presence of a stricture in the urethra. — ED.

GENUS IV.

SPERMORRHŒA.

SEMINAL FLUX.

INVOLUNTARY EMISSION OF SEMINAL FLUID WITHOUT
COPULATION.

THE generic name is derived from σπείρω, “sero,” “semino;” whence aspermus, “void of seed,” gymnospermus, “having the seed naked,” — a term well known in botany; and hence also numerous other derivatives of the same kind. Gonorrhœa, which is a direct synonym, would have been retained as the name for this genus, as it is retained by Linnéus, Sagar, and Frank, but from the confused signification in which it has been employed by Sauvages and Cullen; and from its being usually, though most improperly, applied in the present day to *blenorrhœa luodes*.

GEN. IV.
Origin of the generic name.
Why employed instead of gonorrhœa.

The genus offers two varieties, as follow : —

- | | |
|--------------------------|-----------------------|
| 1. SPERMORRHŒA ENTONICA. | ENTONIC SEMINAL FLUX. |
| 2. ————— ATONICA. | ATONIC SEMINAL FLUX. |

SPECIES I.

SPERMORRHŒA ENTONICA.

ENTONIC SEMINAL FLUX.

INVOLUNTARY EMISSION OF PROPER SEMEN, WITH ERECTION;
MOSTLY FROM AN INDULGENCE OF LIBIDINOUS IDEAS.

THE usual cause is assigned in the definition, and it very strikingly points out the influence which the mind bears upon the body, and the necessity of subjecting the passions to the discipline of a chaste and virtuous deportment; since, as there is no passion more debasing than that of gross lust, there is none more mischievous to the general health of the body. It leads the besotted slave straight forward to every other sensuality, and, by becoming at length an established and chronic disease, stupefies the mind, debilitates the body, and is apt to terminate in hectic fever and tabes.

Sometimes originates from a corporeal cause.

GEN. IV.
SPEC. I.
Necessity of an habitual subjugation of the passions.
Effects of libidinous indulgence.

This affection sometimes originates in the body itself: in a local and urgent erethism, produced, as Forestus conjectures*, by a superabundant secretion of seminal fluid in a constitution of entonic health and vigour. And as, in the former case, the body is to be

* Lib. xxvi. obs. ii.
F 4

GEN. IV.
SPEC. I.
Spermorrhœa
entonica.

In such case
how to be
treated.

chastised through the mind, in the present, the mind is to be chastised through the body: particularly by purgatives and venesection, a low diet and severe exercise. If, however, the patient be single, as is commonly the case, the pleasantest, as well as the most effectual remedy, is to be sought for in marriage.

SPECIES II.

SPERMORRHŒA ATONICA.

ATONIC SEMINAL FLUX.

INVOLUNTARY EMISSION OF A DILUTE AND NEARLY PELLUCID SEMINAL FLUID; WITH LIBIDINOUS PROPENSITY, BUT WITHOUT ERECTION.

GEN. IV.
SPEC. II.
Singular ex-
amples from
Sauvages.

OF this species Sauvages gives us two curious examples: one from Deidier, in which the patient was an exemplary monk, who shrunk with horror at the idea of this involuntary self-pollution, as he regarded it: the other a case in his own practice, in which the patient, a most religious young female, was, as he affirms, driven almost to madness under the same erroneous contemplation of the disease. From his having included a female under this genus, it should seem that Sauvages inclined to the theory of epigenesis, or that which supposes the male and female to contribute equally a seminal fluid in the act of procreation. It is probable, that some local irritation is the usual cause. Professor Deidier himself suspected this in the first of the above cases; and referred it rather to a calculus in the bladder, sympathetically affecting the prostate gland, than to any idiopathic disease of the vesiculæ seminales, or the testes. The pious monk found himself most relieved by scourging his legs: a blister applied to the perinæum would probably have relieved him still more effectually. The fluid is a thin degenerate secretion, apparently from the vesiculæ seminales, rather than semen itself. It is sometimes found intermixed with blood; and, in this case, we have the further irritation of a wound or ruptured vessel. The most common cause of this miserable disorder is a previous life of unrestrained concupiscence: and under the debility, hereby produced, the morbid discharge is peculiarly apt to flow upon the mere muscular excitement that takes place on evacuating the rectum; and hence follows hard upon a stool.*

Nature of the
fluid dis-
charged.

Ordinary cause.

Medical
treatment.

A cure should be attempted by the daily use of a bidet of cold sea-water, or of early bathing in the sea, and the internal use of metallic tonics. The bowels should be kept lax; but the warm and irritating purgatives should be carefully abstained from. Blistering the perinæum, or making a seton in it, has occasionally been found serviceable: as has also a local use of electricity.

* Art. Med. Berol., Dec. I. vol. iv. p. 70. Weichmann De Pollutione, &c. Goett. 1712.

GENUS V.
GALACTIA.
MISLACTATION.

MORBID FLOW OR DEFICIENCY OF MILK.

THIS includes the greater part of those affections treated of by Dioscorides under the name of sparganosis, which, however, in his arrangement, embraced, as we observed under PHLEGMONE MAMMÆ*, many complaints that have little or no connection with each other, and particularly one of the species of BUCNEMIA, or TUMID LEG: so that it has been necessary to break up the division, and allot to its different members their proper positions.

GALACTIA is a Greek term, from γάλα, "lac," whence γαλάκ-τικός, "lacteus." It occurs in Linnéus and Vogel for the genus now before us, which by Sauvages and Sagar is written galactirrhœa, literally "milk-flux," in a morbid sense of the term. The author has preferred GALACTIA, as more comprehensive than galactirrhœa, so as to allow the idea of a depraved or defective, as well as of a superabundant, secretion of milk: all of which are equally entitled to be comprised under one common head, as excess, deficiency, or other irregularity of arterial action in fever. Hitherto, however, from an opposite fault to that of Dioscorides, these affections have been separated from each other by many nosologists, and carried to different heads, sometimes to different orders, and occasionally to different classes; whence the student has had to hunt for them through every section of the nosological arrangement. It has already been necessary to make the same remark respecting many of the species of PARAMENIA; and various other instances will occur to us in the ensuing orders of the class we are now explaining.

The flow of milk may become a source of disease, as being out of season, defective in quantity, vitiated in quality, transferred to an improper organ, and as discharged from the proper organ, but in the male sex. These differences will furnish the present genus with five distinct species, as follow:—

- | | |
|------------------------|----------------------|
| 1. GALACTIA PRÆMATURA. | PREMATURE MILK-FLOW. |
| 2. ——— DEFECTIVA. | DEFICIENT MILK-FLOW. |
| 3. ——— DEPRAVATA. | DEPRAVED MILK-FLOW. |
| 4. ——— ERRATICA. | ERRATIC MILK-FLOW. |
| 5. ——— VIRORUM. | MILK-FLOW IN MALES. |

GEN. V.
Synonyms.

Origin of the
generic name.
Galactirrhœa of
authors, what:

how far differs
from galactia.

* Vol. ii. Cl. iii. Ord. ii. Gen. ii. Spec. v.

SPECIES I.
GALACTIA PRÆMATURA.
PREMATURE MILK-FLOW.

EFFLUX OF MILK DURING PREGNANCY.

GEN. V.
SPEC. I.
Physiological
remarks.

Sympathy with
the womb con-
tinues after
childbirth.

Advantage of a
wet-nurse
living with her
husband.

Illustrated.

How produced
prematurely.

Why premature
milk an indi-
cation of a
weakly child.

THE mammæ, which maintain the closest sympathy with the ovaria and uterus, and, in most animals possessing them, are placed in their direct vicinity, and which, in truth, are as much entitled to the character of a sexual organ as any organ of the entire frame, participate in the developement of the generative function from the first stimulus of puberty. It is then that the breasts assume a globose plumpness, and the catamenial flux commences; when pregnancy takes place, and the uterus enlarges, the breasts exhibit a correspondent increase of swell; and when, shortly after childbirth, the lochial discharge ceases, and the uterus takes rest, the lacteal discharge is secreted, and poured forth in immediate succession. The sympathy continues, however, even after this rest has commenced, for one of the most effectual means of increasing the flow of milk from the breasts is a slight excitement of the uterus, as soon as it has recovered its tone: and hence the mother of an infant, living with her husband, and herself in good health, makes a far better nurse, and even requires a less stimulant regimen, than a stranger, brought from her own family, and secluded from her husband's visits. Of this, indeed, many of the rudest and most barbarous nations, but which are not always inattentive to the voice of nature, have the fullest conviction; insomuch that the Scythians, according to Herodotus, and the Hottentots in our own day, irritate the vagina to increase the flow of milk in their cows and mares.

It sometimes happens, however, that this stimulus of sympathy is carried to excess even during pregnancy, and that the lactiferous ducts of the mammæ secrete milk from the ultimate branches of the arteries sooner than it is wanted. If the quantity thus separated be small, it is of no moment; but, if it be considerable, some degree of debility is usually produced, with restlessness and pyrexia. And hence Galen observes, that a premature flow of milk indicates a weakly child*; and the collections of medical curiosities contain various cases, in which it has appeared to be injurious.† Sauvages gives an instance, in which a pint and a half was poured forth daily, as early as the fifth month. Where the constitution is peculiarly robust, even this may for some time be borne with as little mischief as menstruation during pregnancy: but, in ordinary cases, the system must be weakened by so excessive and unprofitable a discharge. There is another instance noticed in the volume of Nosology, in which a pint and a half was poured forth daily at the fifth month.

* Fragm. ex Aphor. Rab. Mois., p. 34.

† Act. Nat. Cur., vol. iv.

The morbid irritation, however, may generally be taken off by venesection, and, if this should not succeed, by a few doses of aperient medicines.

It has sometimes happened, that a like precocity has occurred in young virgins, and that these also have secreted and discharged milk from the proper organ. In many cases, this has occurred as a substitute for the catamenial flux, which has been retained or suppressed at the time *; but, more generally, it has proceeded from entonic plethora, or a morbid erethism of the sexual organs at the period of puberty †: and is to be removed by a reducent regimen, bleeding, and purgatives, as just pointed out.

On the other hand, we have occasional instances of a supply of milk in women considerably advanced in life, and who have long ceased to bear children, and even to menstruate. Thus, a woman of sixty-eight is stated, by Dr. Stack, to have given suck to two of her grandchildren ‡; and another of eighty, in a Swedish journal, is said to have performed the same office. § In most of these cases, the antiquated nurses have consisted of married women, who had many years before reared families of their own, and whose lactiferous organs were therefore more easily re-excited to the renewed action than if they had never suckled. || The cause has been, some peculiar irritation originating in the radicles of the lactiferous ducts, or excited by a transfer of action from the uterus or ovaria, in consequence of a cessation of the menses.

GEN. V.
SPEC. I.

Galactia
præmatura.
Medical
treatment.

This prema-
turity some-
times in young
virgins.

Cause, and
means of re-
moval.

Milk-flow in
aged women
who have
ceased to bear
children or
menstruate.

Illustrated.

Action ac-
counted for.

SPECIES II.

GALACTIA DEFECTIVA.

DEFICIENT MILK-FLOW.

INABILITY TO SUCKLE UPON CHILDBIRTH.

THIS is the agalaxis or agalactatio of preceding nosologists, and may proceed from two causes, accompanied with symptoms producing the two following varieties :—

GEN. V.
SPEC. II.

The agalaxis or
agalactatio of
many writers.

- α Atonica.

Atonic inability to suckle.
- β Organica.

Organic inability to suckle.
- From want of secretion.

From imperfect nipple or other
organic defect.

* De la Corde, Ergo virgo, menstruis deficientibus, lac in mammis habere potest? Paris, 1580.
† Hippocr. Aph., sect. v. § 39. Vega, Comment. in Hippocr., Aph. v. § 39.
‡ Phil. Trans., vol. xli. year 1739, 141.
§ See also Phil. Trans., vol. ix. year 1674.
|| Dr. Kennedy, of Ashby de la Zouch, has lately recorded a memorable instance of this in the person of Judith Waterford, of that place; a woman who menstruated during lactation; who suckled children (many not her own) uninterruptedly through the full course of forty-seven years (three years of which time she was a widow); and who, in her eighty-first year, has a moderate but regular secretion of milk. See Medico-Chirurgical Review for July, 1832. — ED.

GEN. V.

SPEC. II.

Galactia
defectiva.

Inability to
suckle often as
serious an evil
to the mother
as to the child:
explained:
affords health
to the body and
gratification to
the mind;

and prepares
for health in
advanced life.

Yet many can-
not suckle,
however de-
sirable.

Sources of dis-
qualification.

Some of these
capable of being
remedied.

To every feeling and considerate mother, inability to suckle is a serious evil; and, generally speaking, it is an evil of as great a magnitude to the mother herself as to the child; for a free secretion of milk prevents many present and not a few eventual mischiefs. The health of women during suckling is, in most instances, better than at any period of their lives. Their appetite is excellent, their sleep sound and refreshing, their spirits free, their temper cheerful. But to every conscientious mother there is, superadded to all this, a pleasurable feeling of a still higher and nobler kind; it is a sense of conscientiously discharging the maternal duty: it is the gratification of beholding the lovely babe, to which she has given birth, saved from the cold caresses of a hireling to lie in the warm embraces of her own bosom: to grow from the sweet fountain which she furnishes from her own veins, rich, ample, and untainted; to swell with the tender thrill that shoots through the heart at every little draught which is drawn away from her; to see the cheeks dimple and the eyes brighten, and the limbs play and the features open; and to trace, in every fresh lineament, a softened image of herself or one dearer to her than herself. This is the luxury that awaits the mother, whose unseduced ear still listens to the voice of Nature, and estimates the endearments of domestic life at a higher value, than the intoxicating charm of fashionable amusements and midnight revels. Though transported with the present, her comforts do not end with the present; for she has yet to look forward to a term of life in which, when those who have made a sacrifice of maternal duty at the altar of pleasure, are wasting with decline, trembling with palsy, or tormented with the dread of cancer, she will still enjoy the blessing of unbroken health, and sink as on a downy pillow into a tranquil old age.

But, though these remarks apply to the greater number of those who, in the career of fashion, abstain from the duty of a mother, they by no means apply to all. There are many excellent mothers, who would undergo the severest discipline of pain to accomplish this object; but, after all, are not able. There are some, who from the want of a proper nipple, or perhaps the imperfect developement of lactiferous ducts, are naturally disqualified for the office; as there are others, whose constitutional debility renders them incapable of secreting their milk in sufficient abundance, or with a sufficient elaboration for healthy food. And, in all such cases, it is expedient, wherever the means will allow, to seek carefully for the substitute of a foster-mother.

But, let not the natural office be abandoned too soon, and particularly where the child is strong and hearty. If the nipple be at fault, much may be done to remedy it. If it be buried in the breast, it may often be drawn out by exciting a vacuum with the ordinary glass tube invented for the purpose, if dexterously applied; or, which will often succeed better, by the suction of a woman who is well skilled in the art; or, if these means do not succeed, an artificial nipple may be employed.

And, if the breasts be hard and lumpy, and a considerable degree of symptomatic fever supervene, the same kind of suction must be had recourse to twice a day, while the breasts are kept in a constant state of relaxation by gentle friction with warm oil,

large cataplasms of bread and water, and a suspensory bandage of flannel passed under the arms and drawn as tight as may be borne without inconvenience.

Even where the milk is not very promising, either in respect to quantity or quality, let not the unhappy mother despair for the first week or two. As her own strength increases, the strength of the milk will often be found to increase also; the milk-vessels will yield with more facility, and the symptomatic pain in the back will subside. Added to which, the matrimonial excitement, to which I have alluded in the preceding species, will, in due time, be called in to bear its beneficial part; and the woman, who had a hopeless prospect before her, may in due time reap the full harvest of her labours.

GEN. V.
SPEC. II.
Galactia
defectiva.

Milk sometimes
flows after
being despaired
of, as the mo-
ther's strength
returns.

SPECIES III.

GALACTIA DEPRAVATA.

DEPRAVED MILK-FLOW.

EFFLUX OF A DILUTE OR VITIATED MILK.

HERE also we have two varieties:—

- | | |
|-------------------------|------------------------------|
| α Serosa. | Weakened by too large a pro- |
| Serous milk-flow. | portion of serum. |
| β Contaminata. | Deteriorated by intermixture |
| Contaminated milk-flow. | with some foreign mate- |
| | rial. |

GEN. V.
SPEC. III.

To the FIRST VARIETY we have alluded under the preceding species: for it sometimes happens, that milk, when deficient in quantity, is also of a more dilute quality than it ought to be. But more frequently, as local irritation is a result or concomitant of debility, there is in weakly habits a very large flow of a thin, slightly blue, and almost pellucid milk, containing little sugar, and still less cream. The properties of a sound woman's milk we have already given under CONSUMPTION, and to save an unnecessary repetition, the reader may turn to the passage at his leisure, and compare it with the defective character before us.*

α G. depravata
serosa.

In this case, tonics, and a generous diet, afford the best chance of success, and are often employed with full effect.

Under the SECOND VARIETY, the assimilation is imperfect, and the milk has the taste or smell of beer, or wine, or some other fluid that has been introduced into the stomach; proving that the digestive power is weak, and requires correction and invigoration. In other cases, we have examples of black, green, or yellow milk; probably discoloured by an union with effused blood.†

β G. depravata
contaminata.

* Marasmus Phthisis, vol. ii. Cl. III. Ord. IV. Gen. III. Spec. v.

† Dr. Locock has seen four instances in which it was of a golden yellow colour, and, upon standing, a thick layer of bitter cream, as yellow as pure bile,

GEN. V.
SPEC. III.
β G. depravata
contaminata.

All violent exertions, whether of body or mind, and hence violent passions, as rage and terror, have a peculiar influence in changing the natural character of milk; and the depressing passions frequently drive it away entirely.* It is hence of no small moment that a wet nurse be of an easy and even temper, and not disposed to mental disturbance.†

SPECIES IV.

GALACTIA ERRATICA.

ERRATIC MILK-FLOW.

MILK TRANSFERRED TO, AND DISCHARGED OR ACCUMULATED AT, SOME REMOTE ORGANS, OFTEN UNDER A DIFFERENT FORM.

GEN. V.
SPEC. IV.
Has been
transferred to
almost every
organ.
Fauces :
surface of the
breasts ;
navel :
kidneys :
eyes :

LIKE the menstrual flux, there is scarcely an organ to which the flow of milk has not been transferred, under different circumstances, or in different constitutions. And hence the author has adverted in the volume of Nosology to examples of its translation to the fauces, where it has been discharged in the form of a ptyalism: to the general surface of the mammæ, where it has been evacuated in the form of sweat; to the navel, where it has assumed an ichorous appearance; to the kidneys, which have thrown it off in an increased flow of urine; to the eyes, whence

floated on the surface. In neither of these cases was the patient jaundiced; but a very copious flow of bile being kept up from the intestines by mercurial purgatives, after a few days the yellowness disappeared; the child till then having been much griped and affected with diarrhœa. In no cases where wet-nurses have been jaundiced, has Dr. Locock seen the milk yellow. See Cyclop. of Pract. Med., art. LACTATION. — ED.

* Starch, Archiv. für Geburtshelfer, b. iii. p. 12. b. ii. p. 3.

† The qualities of the milk differ considerably during lactation. At first it is thick, yellowish, and has a very large proportion of cream; several days elapsing before it acquires perfection, in which state it is thin, bluish, and sweet. The quantity of cream varies very much according to the diet, and the frequency with which the breasts are drawn. "Some milk has a decidedly saline taste, and, at other times, it has been distinctly bitter, so that the child will turn away from the breast in disgust. Its taste and qualities may be easily affected by articles of diet, by passions of the mind, repletion, hot rooms, &c., and the child is more or less disordered by the alteration. Medicines will often affect the milk in a very striking manner; a purgative given to the nurse will frequently act violently upon the child, without in the least affecting the individual herself. In the same way, alkalies given to the nurse will relieve acidity in the child's stomach; and mercury, given through a similar medium, will cure syphilitic symptoms in the infant at the breast." Mr. Keate once attended a foreign gentleman, who, in order to promote his biliary secretion, was in the habit of taking asses' milk, medicated by giving the animal a certain quantity of nitrate of mercury. The effect was very marked, and he could bear mercury in no other shape. (See Dr. Locock's art. LACTATION, in Cyclop. of Pract. Med.) When wet-nurses menstruate, we have the authority of this and other experienced accoucheurs for the observation, that the occurrence has an unfavourable influence on the milk, being likely both to interfere with the duration of the secretion, and to deteriorate its qualities. See also Dr. Ryan's Manual of Midwifery, p. 667. ed. 3. — ED.

it has been discharged as a milky epiphora ; to the veins, which it has overloaded, so as to demand the use of the lancet ; and to the vagina, where it has excited a copious leucorrhœa. It is also said to be frequently translated to the thighs, so as to produce the disease we have already described under the name of BUCNEMIA SPARGANOSIS, but which is clearly unconnected with the state of the milk, or of the breasts.

The causes are, chiefly, a sudden exposure of the breasts to cold ; cold water drunk improvidently when in a state of perspiration ; spirituous potation, and sudden emotion of mind.

The irregular action is best subdued by gentle laxatives, diaphoretics, and perfect quiet in a warm bed. Where ardent spirits have been the cause, the aperients should be more stimulant, and bleeding will often be necessary.

GEN. V.
SPEC. IV.
Galactia
erratica.
vagina :

Causes.

Mode of
treatment.

SPECIES V.

GALACTIA VIRORUM.

MILK-FLOW IN MALES.

MILK SECRETED IN MALES, AND DISCHARGED FROM THE PROPER EMUNCTORY.

A MILKY serum, and sometimes genuine milk, has been found to distil from the nipples of new-born infants of both sexes, and sometimes from boys of a later age.* But various authors, as Schöltz, P. Borelli, and Lauremberg, have given cases of genuine milk discharged in like manner by adult males ; occasionally continuing for a long time ; and, in some instances, enabling them to perform the office of nurses. In the Commentaries of the St. Petersburg Academy †, a flow of milk from the breasts of males is said to be very common in Russia : and Blumenbach has noticed the same peculiarity in the males of various other mammalia.‡ Among men, indeed, the discharge appears occasionally to have occurred even in advanced life ; for Paullini gives the case of a man, who was able to suckle at the age of sixty.§

GEN. V.
SPEC. V.
Has frequently
occurred in
different pe-
riods of life.

Why man should, in every instance, possess the same organisation as women for secreting and conveying milk, is among the many mysteries of physiology that yet remain to be solved. But, as there is little or no sympathy between the mammæ in man and any of the proper organs of generation, as in women, we are at no loss to account for their general sterility and want of action. Occasionally, however, the lacteal glands in man, or the minute

Why does it
not occur
generally ;
and accounted
for where it
does occur.

* A celebrated anatomist remarks, — “ The use of the mammæ in the nourishment of children is known to all the world ; but, it is not certainly known, what the papillæ and areolæ in males can be designed for. Milk has been observed in them in children of both sexes, and this happened to one of my own brothers, when he was about two years of age.” Winslow’s Anatomy, vol. ii. p. 214. — Ed.

† Tom. iii. p. 278. ‡ Hannoverich Magazin, 1787.
§ Cent. ii. obs. 93. Shacker, Diss. de Lacte Virorum et Virginum.

GEN. V.
SPEC. V.
Galactia
virorum.

tubes which emerge from them, are more than ordinarily irritable, and throw forth some portion of their proper fluid. And, if this irritation be encouraged and supported, there is no reason why such persons may not become wet-nurses as well as females. And hence Dr. Parr enquires, with some degree of quaintness, whether this organisation is allotted to both sexes, in order that, "in cases of necessity, men should be able to supply the office of the woman?" Under these circumstances, the discharge, though unquestionably a deviation from the ordinary law of nature, can scarcely be regarded as a disease.

Interesting
illustration
from Franklin.

The following, from Captain Franklin's Narrative of his journey to the shores of the Polar Sea, is a beautiful exemplification of what Dr. Parr refers to; and I cannot consent to alter the forcible and seamanlike simplicity of the style in which the story is told. "A young Chipewyan had separated from the rest of his band for the purpose of trenching beaver, when his wife, who was his sole companion, and in her first pregnancy, was seized with the pains of labour. She died on the third day after she had given birth to a boy. The husband was inconsolable, and vowed, in his anguish, never to take another woman to wife; but his grief was soon in some degree absorbed in anxiety for the fate of his infant son. To preserve its life he descended to the office of a nurse, so degrading in the eyes of a Chipewyan, as partaking of the duties of a woman. He swaddled it in soft moss, fed it with broth made from the flesh of the deer; and, to still its cries, applied it to his breast, praying earnestly to the Great Master of Life to assist his endeavours. The force of the powerful passion, by which he was actuated, produced the same effect in his case as it has done in some others which are recorded: a flow of milk actually took place from his breast. He succeeded in rearing his child, taught him to be a hunter, and, when he attained the age of manhood, chose him a wife from the tribe. The old man kept his vow in never taking a wife for himself, but he delighted in tending his son's children; and when his daughter-in-law used to interfere, saying, that it was not the occupation of a man, he was wont to reply, that he had promised to the Great Master of Life, if his child was spared, never to be proud like the other Indians.—Our informant (Mr. Wenkel, one of the Association) added, that he had often seen this Indian in his old age, and that his left breast, even then, retained the unusual size it had acquired in his occupation of nurse." *

* P. 157. 4to. Lond. 1823.

CLASS V.

GENETICA.

ORDER II.

ORGASTICA.

DISEASES AFFECTING THE ORGASM.

ORGANIC OR CONSTITUTIONAL INFIRMITY, DISORDERING THE POWER, OR THE DESIRE OF PROCREATING.

THE ordinal term ORGASTICA is derived from ὀργάω, “appeto impatienter; propriè de animantibus dicitur, quæ turgent libidine.” *Scapul.* Orgasmus is hence used by most writers for salacity in general; though by Linnéus it is employed in a very different sense, being restrained to *subsultus arteriarum*.

CLASS V.
ORDER II.
Origin of
ordinal term.

The following are the genera which appertain to this order:—

I. CHLOROSIS.	GREEN-SICKNESS.
II. PRÆOTIA.	GENITAL PRECOCITY.
III. LAGNESIS.	LUST.
IV. AGENESIA.	MALE STERILITY.
V. APHORIA.	FEMALE STERILITY. BARRENNESS.
VI. ÆDOPTOSIS.	GENITAL PROLAPSE.

GENUS I.

CHLOROSIS.

GREEN-SICKNESS.

PALE, CHLORID COMPLEXION; LANGUOR; LISTLESSNESS; DEPRAVED APPETITE AND DIGESTION: THE SEXUAL SECRETIONS DEPRAVED OR INERT, ESPECIALLY AT THEIR COMMENCEMENT.

CHLOROSIS is a derivative from χλώρα or χλόη, “herba virens;” whence, among the Greeks, χλώρασμα and χλωρίασις, “viror,”

GEN. I.
Origin of
generic term.

GEN. I.
Chlorosis.
General causes.

Whether love-sickness ever a cause.

Retained menses and dyspepsy during puberty the most common causes :
and hence all these affections sometimes blended or confounded by nosologists.

“pallor;” evidently applied to the disease, like our own term green-sickness, from the pale, lurid, and greenish cast of the skin.

The causes of this disorder are numerous ; one of the most frequent is menostation, retained or suppressed catamenia ; another is excessive menstruation ; a third, inability of obtaining the object of desire, — in popular terms, love-sickness ; a fourth is dyspepsy, or any other source of general debility about the age of puberty, by which the natural developement of the sexual system, and the energy of its secretions, are at this time interfered with. Dr. Parr makes it a question, whether love-sickness, or an ungratified longing for an object of desire, is ever a cause ; but the examples are too numerous to give countenance to any doubts upon the subject* ; and pining, eager, ungratified desire for any object whatever, in a particular state of constitution, whether for an individual, or for a particular circle of society, for home or for country, is well known in many cases to break down the general health, and to lay a foundation for chlorosis, as well as many other complaints even of a severer kind. We have already noticed it as producing suppressed menstruation ; as we have also the opposite state of disappointment overcome, renewed hope, and a prospect of connubial happiness, as one of the best and speediest means of cure.†

Perhaps retained menses, and a dyspepsia at the period of puberty, are the most common causes ; and hence chlorosis makes so near an approach to both these complaints, that some nosologists have merged it altogether in the first, and others in the second. Dr. Cullen, so far as relates to his *opinion*, is an example of the former. Dr. Young, so far as relates to his *arrangement*, of the latter. It is necessary to attend to this limitation ; for, while Dr. Cullen, in the latter editions of his Synopsis, asserts “ nullam chlorosis speciem veram, præter illam quæ retentionem menstruum comitatur, agnoscere vellem ” — he still continues chlorosis in all the editions of this work as a distinct genus from amenorrhœa, or PARAMENIA *obstructionis*, of which, upon this view of the sub-

* Panarol. Jâtrolog. Pentech., III. obs. 14. Ephem. Nat. Cur., Dec. II. ann. IX. obs. 114.

† Andral conceives, that certain cases of chlorosis, attended with various functional disorders, are often entirely the consequence of some defect in sanguification ; a defect, whose cause he thinks must be in the nervous system alone. If this view be correct, he enquires, what reason is there for ascribing to irritation and sanguineous congestion these functional derangements, which are so diversified, comprising epileptic fits, convulsions, chorea, dyspnœa, palpitations, vomiting, &c. ? On the contrary, he asks, would it not, in many instances, be more conformable to truth, to impute these several morbid phenomena to the same cause which gives rise to them in individuals labouring under anæmia from not having the benefit of proper aliment, the influence of the sun, and good air ? What aggravation of the disorder, says he, would not bleeding here occasion, practised for the removal of irritation that has no existence ! On the contrary, if you stimulate the nervous system of many of these chlorotic girls by the physical and moral emotions of marriage, an improved complexion will soon indicate that hæmatisis, or sanguification, is going on rightly again, and that, in proportion as the anæmia disappears, under the influence of the new condition of the nervous system, so do likewise disappear the difficulty of breathing, the constant general uneasiness, the spontaneous lassitude, the indigestion, the pain in the epigastric region, the pale colour of the urine, and those numerous and fastidious nervous disorders, which really seem as if they were more or less connected with true organic changes. See Précis d'Anatomie Pathologique, par G. Andral, tom. i. p. 87. — ED.

ject, it should be only a species or variety. In the same manner, Dr. Young, while he makes chlorosis a mere species of dyspepsia in his classification, observes, as though dissatisfied with his arrangement, "I have followed a prevalent opinion, but there are various reasons for thinking it is quite as naturally connected with amenorrhœa." Professor Frank has more lately arranged it as a subdivision or variety of this last complaint. *

GEN. I.
Chlorosis.

Chlorosis is often, indeed, not only connected with amenorrhœa, but a consequence of it. Yet few writers have felt themselves able to adopt this view of the subject, and to believe it, in every instance, a modification of this disease. Sauvages asserts, that there are daily cases of chlorosis occurring among children from their cradles; and he has hence, among his chloroses VERÆ, set down one species under the name of *chlorosis infantum*. This, however, is to generalise the term too widely, and to make it include all cases marked by indigestion and a chlorid countenance. Yet, I cannot but concur with those authors, who contend that chlorosis is by no means uncommon among females who have *no interruption* of the menstrual flux; though a derangement of some kind or other in quantity, quality, or constituent principles, appears to be always connected with it; and is, for the most part, the cause or leading symptom. There is even ground for carrying the term, with other authors, still further, and applying it to green-sick boys, as well as green-sick girls, for reasons which will be offered in their proper place.

According to Sauvages occurs in infancy:

but the cases are those of dyspepsy only.

Yet in adult life at times occurs where no interruption of the menstrual flux, though generally some derangement in its quantity or quality.

Chlorotic boys.

General character.

For the present, it is sufficient to characterise chlorosis as a dysthesis or cachexy, produced by a diseased condition of the sexual functions operating upon the system at large, and hence most common to the age of puberty, in which this function is first called forth by the complete elaboration of organs that have hitherto been inert and undeveloped. "A certain state of the genitals," says Dr. Cullen, and the remark will apply to both sexes equally, "is necessary to give tone and tension to the whole system; and therefore, if the stimulus arising from the genitals be wanting, the whole system may fall into a torpid and flaccid state, and from thence chlorosis may arise."

The genus CHLOROSIS offers the two following species:—

1. CHLOROSIS ENTONICA. ENTONIC GREEN-SICKNESS.
2. ————— ATONICA. ATONIC GREEN-SICKNESS.

* De Cur. Hom. Morb. Epitom., tom. vi. lib. vi. part III. 8vo. Viennæ, 1821.

SPECIES I.

CHLOROSIS ENTONICA.

ENTONIC GREEN-SICKNESS.

HABIT PLETHORIC; PAIN IN THE HEAD, BACK, OR LOINS; FRE-
QUENT PALPITATIONS AT THE HEART; FLUSHES IN THE FACE;
PULSE FULL, TENSE, AND FREQUENT.

GEN. I.
SPEC. I.
Necessary dis-
tinction of
this species
from the en-
suing.

CHLOROSIS has been commonly confined to the second or atonic species. But the symptoms and mode of treatment of the disease, as it appears in a vigorous, florid, and full-bosomed country girl overflowing with health and hilarity; and in a delicate, pale-faced, emaciated town girl, debilitated by an indulgence in a course of luxurious indolence from her infancy, seem to justify and even demand a distinction.

Wherein they
agree.

In both cases, there is want of energy of mind, great irregularity in the mental functions, and often a high degree of irritability in the nervous system, clearly proving a very extensive disturbance of the general balance. But they differ in the symptoms enumerated in the definitions, than which no two sets can well be more at variance. They differ also in the remote and proximate causes, and consequently in the mode of treatment.

Wherein they
differ.

Description.

In the species before us, characterised by a rich and oppilated habit, with a full and tense pulse, and pressive pain in the head or loins, the ordinary causes are catching cold in the feet at the period of the catamenial discharge, by which the constitutional plethora is considerably aggravated, and the plethoric excess itself even where no cold has been received. For the very reason that, in *dyspermia entonica*, or super-erection, as we shall have occasion to observe presently, there is no seminal emission, or, as in double-flowering plants, there is no efficient developement of the sexual distinctions, in the present case there is no efficient secretion of the genital fluids. And, as we have shown in the Physiological Proem to the present Order, that the maturity of the system in females, as well as in males, depends upon a developement of the sexual organisation in all its powers, and a certain degree of resorption of its secreted materials, the general frame, how rich soever, and even oppressed with juices of other kinds, must remain incomplete and unripened, and sicken at the time of maturity, for want of this appropriate stimulus. And, if such an effect may occur where there is no concomitant source of excitement, we can easily conceive how much more readily it may take place upon catching cold in the feet, or on a sudden and violent mental emotion, or any other cause that may accidentally add to the irritation of the organs immediately affected.

Pathology.

May terminate
in the atonic
species.

Yet there can be no doubt, that the species before us, though the offspring of a redundancy of living power, if neglected, or obstinate, and of long continuance, may, and often does, by debilitat-
ing the constitution, terminate in the atonic species.

Before such a change, however, takes place, and particularly in the commencement of the disease, we are loudly called upon for general depletion. Copious and not unfrequently repeated venesections will be found necessary: cooling, rather than heating and irritant purgatives should be interposed; and, where pain about the lumbar region, or any other local irritation, is very troublesome, the hip-bath, or a general warm bath should be used steadily. And when, by this plan, the sanguiferous entony is subdued, a plain diet, regular exercise, and sober hours, will easily accomplish the rest.

GEN. I.
SPEC. I.
Chlorosis
entonica.
Medical
treatment.

SPECIES II.

CHLOROSIS ATONICA.

ATONIC GREEN-SICKNESS.

HABIT DEBILITATED; GREAT INACTIVITY AND LOVE OF INDULGENCE; DYSPNŒA ON MOVING; LOWER LIMBS COLD AND ŒDEMATOUS, ESPECIALLY AT NIGHT; PULSE QUICK AND FEEBLE.

IN conjunction with the above specific symptoms, there is, in this division of the disease, the same want of energy of mind, and fickleness of temper, and corporeal irritability, which we have already noticed in the preceding, and this too in a much greater degree; abundantly proving a very extensive disturbance of the general balance.

GEN. I.
SPEC. II.
Specific
character.

For examples of this species we are to look, not into the quiet and sober retreats of rural life, marked by simple meals, healthful activity, and early hours; but to the gay and glittering routine of town indulgences, and midnight parties, and hot unventilated atmospheres; the havoc of all which is to be seen in the pale, but bloated countenance, the withering form, emaciated muscles, and departing symmetry of those, who are the victims of a life of pleasure; and who, in consequence of their turning night into day, are exhausted, and drowsy, and spiritless, and perhaps confined to their beds all the morning; thus carrying on the inversion of nature, and turning in like manner the day into night.

Chiefly found
among the in-
dolent and the
victims of
fashionable
life.

Under a life of this kind, it is impossible for a growing girl to acquire a healthy maturity; and most happy is it for her that the caprice of fashion, which calls upon her to make this heavy sacrifice of her person for one half the year, drives her, in most cases, into the freshening shades and soberer manners of the country for the other half.

There are other girls, however, who, without these peculiar sources of exhaustion, have so much constitutional debility and relaxation, as to be incapable of bearing the double load of growth and sexual developement, without manifesting a considerable degree of sickness in all their functions.

Sometimes
produced by a
natural de-
bility.

Here, therefore, bleeding and purgatives would only add to the evil; and it behoves us even from the first to employ a strengthen-

Medical
treatment.

GEN. I.
SPEC. II.
Chlorosis
atonica.

How far
chlorosis may
exist in males.

Generally ad-
mitted among
Eastern writers:

and the idea
adopted by
various Euro-
pean authors.

ing and tonic plan, and to extend it through all the departments of diet, exercise, and medicine: the whole of which, however, may be collected from what has already been observed on the genus PARAMENIA. It is probable, that in many cases of this modification of the disease, the internal use of iodine, either in the form of pills or tincture, amounting to about half a grain to a dose, might be found a very useful stimulant as well as tonic.*

The same kind of debility, which prevents the full development of the sexual organisation and interferes with menstruation in growing girls, prevails, not unfrequently, in growing boys; and especially when about the age of puberty the growth is rapid, and outruns the general strength of the system. And it is to this state I alluded when observing, a page or two back, that the term chlorosis has occasionally been applied to males, as well as to females, at this unsettled period of life. In the volume of Nosology, I have remarked that it is frequently so applied in the East, and especially among Persian writers, who accordingly express one subdivision of the disease by the name of bimariy hodek (بیماری هودک) or *morbus puerorum*. Bonet has followed the oriental extension of the term, and has given instances of its occurring, not only in pubescent, but even adult males: and, in like manner, Sir Gilbert Blane, in his table of diseases under the article chlorosis, observes, that one of his patients, affected with this complaint “was a male of seventeen, who had all the characters of this malady, except that which is peculiar to the female sex. He was treated like the others, and recovered under the use of carbonated iron and aloes.”† It is on this account, that the definition of chlorosis will be found, in the present work, to vary in some degree from all that have preceded it, so as to render its characters capable of embracing the male, as well as the female form of the disease.

GENUS II.

PRÆOTIA.

GENITAL PRECOCITY.

PREMATURE DEVELOPEMENT OF SEXUAL ORGANISATION, OR POWER.

GEN. II. THE generic term PRÆOTIA or PRÆOTES is copied from Theophrastus, and derived from *πρωί*, “præmaturè.” It is, however, peculiarly applied to premature semination.

* In these cases, the preparations of iron are generally found to be the most successful tonics, and especially the subcarbonate. The treatment may be described in a few words, as consisting of nutritious food, tonics, mild aperients, habitation in a dry airy situation, chalybeates, sulphate of quinine, and exercise on foot, horseback, &c. See Ryan’s Manual of Midwifery, p. 321. ed. 3.—ED.

† Medico-Chir. Trans., vol. iv. p. 140.

The genus, as embracing both sexes, comprises the two following species: —

GEN. II.
Præotia.

1. PRÆOTIA MASCULINA.
- MALE PRECOCITY.
2. ——— FEMININA.
- FEMALE PRECOCITY.

SPECIES I.

PRÆOTIA MASCULINA.

MALE PRECOCITY.

PREMATURE DEVELOPEMENT OF SEXUAL ORGANISATION IN MALES.

BOTH the mind and body advance, in their ordinary career, by slow and almost imperceptible steps to maturity; faculty after faculty, and function after function, put forth, acquire strength, and become perfected. But occasionally this ordinary course is departed from, and the whole system, as well mental as corporeal, or, which is still more frequent, particular powers or organs, push forward with incredible rapidity. The admirable Crichton, as he is commonly called, and others pre-eminently gifted in the same extensive way, afford instances of the first of these remarks; and those who, in early and even in infant life, have shown a peculiar aptitude for an acquisition of languages, or of music, or numerical arithmetic, give examples of the last kind.

GEN. II.
SPEC. I.
General pathology.
Precocity of both mental and corporeal powers.

It is not hence much to be wondered at, that a like extraordinary precocity should sometimes exhibit itself in the development of sexual organisation and power: and that, from a peculiar degree of local irritation or erethism, the pubes should be found covered with hair, the testes be formed and capable of secreting a seminal fluid, and the penis be susceptible of a concupiscent turgescence and erection.

Precocity of sexual organisation.

It is not necessary to dwell upon instances of exemplification, which may be traced in great numbers in the writings of physiologists who have been curious upon this subject. Those who are desirous of doing so, may turn to the Journal des Sçavans for 1688, and the Philosophical Transactions for 1745. In the former, Boiset gives an instance of this disgusting anticipation in a boy of three years old; in the latter, the subject in the case recorded was two years and eleven months. A similar example at a similar age is well known to have occurred, only a few years since, in a boy who was exhibited by his friends for money to medical practitioners in this metropolis; and may be found, together with various others, minutely described in the first volume of the Medico-Chirurgical Transactions.* Two, of late date, are also

Exemplification.

* In the year 1748, Mr. Dawkes, a surgeon at St. Ives, near Huntingdon, published a small tract, called Prodigium Willinghamense, or an account of a surprising boy, who was buried at Willingham, near Cambridge, upon whom he wrote the following epitaph: — “ Stop, traveller, and wondering know, here buried lie the remains of Thomas, son of Thomas and Margaret Hall; who,

GEN. II.

SPEC. I.

Præotia
masculina.Mischief of a
public exposure
of the person
under these
circumstances.Remedial
treatment.

detailed in the 11th and 12th vols. of the same work, by Dr. Breschet and Mr. J. F. South.

With respect to moral, or even medical treatment, nothing can be worse than this very common practice of a public exposure whenever the case occurs among the poor, who are so strongly tempted to make a profit of it. The orgasm is fed by a repetition of examinations, and the polluting tide that exhausts and debases the body is at length accompanied, even though it should not be so at first, with a polluting pleasure, that in a still greater degree exhausts and debases the mind. An occasional application of leeches to the seat of affection, cooling aperients, a cool, loose, and unirritating lower dress, with the daily use of a bidet of cold water, or iced water, will form the best plan that can be pursued on such occasions; and, by producing a healthful repression, may enable the unhappy infant to grow up with gradual vigour to the possession of a hearty manhood, instead of sinking, as has been sometimes the case, into a premature and tabid old age at the early period of puberty.

SPECIES II.

PRÆOTIA FEMININA.

FEMALE PRECOCITY.

PREMATURE DEVELOPEMENT OF SEXUAL ORGANISATION IN FEMALES.

GEN. II.

SPEC. II.

General physi-
ological re-
marks.

UNDER the species of obstructed menstruation, we have observed, that this secretion, which commonly affords a proof that the sexual organisation is developed, and its function completed, takes place at very different periods of life under different circumstances, chiefly those of climate and peculiarity of constitution: and that, though its ordinary epoch is that of thirteen or fourteen, it has sometimes, under the influence of a tropical sun, or a warm and forward temperament, shown itself as early as eight or nine years of age.*

not one year old, had the signs of manhood; not three, was almost four feet high; endued with uncommon strength, a just proportion of parts, and a stupendous voice; before six he died, as it were, of an advanced age. He was born at this village, October 31. 1741, and in the same departed this life, Sept. 3. 1747." (See also Phil. Trans., 1744-45.) As Dr. Elliotson has observed, this perfectly authentic case removes all doubts respecting the boy at Salamis, mentioned by Pliny (Hist. Nat., lib. vii. c. 17.), as being four feet high, and having reached puberty when only three years old; and respecting the man seen by Craterus, the brother of Antigonus (Phlegon, De Mirab., c. 32.), who, in seven years, was an infant, a youth, an adult, a father, an old man, and a corpse. (Blumenbach's Physiology, 4th edit. note, p. 535.) Premature puberty does not appear to be attended with a proportionally early developement of the intellectual faculties.

— ED.

* Walther, Thes., obs. 40. In some rare cases, the menses have appeared in precocious puberty as early as the third or fourth year. Sir Astley Cooper has

There is ~~next~~ no difficulty in conceiving that, under the influence of the same kind of local erethism we have noticed in the preceding species, the sexual organisation in females may acquire a similar precocity to that in males. And so complete has been the developement occasionally, that we have numerous and well-authenticated instances of pregnancy itself occurring at the early age of nine years, on which we shall have to remark more fully in the introductory observations to the third Order of the present Class, when treating of morbid impregnation.

This foremarch of nature should be timely checked, for it will otherwise assuredly lead to a very great debility of the system in general, and is usually found to stint the stature, and induce a premature old age. And the means of repression may be the same as those already proposed for male precocity.

The premature developement or organisation before us does not always seem to be connected with any cupidinous orgasm, or, at least, it has occurred under circumstances that render it extremely difficult to entertain any such idea. One of the most singular instances of this kind is a case of extra-uterine fetation published by Dr. Baillie. It consisted of a suetty substance, hair, and the rudiments of four teeth, found in the ovarium of a child of not more than twelve or thirteen years of age, with an infantine uterus, and perfect hymen.*

In this case, there can be little doubt, that an ovulum by some peculiar irritation had been excited to the rudimental process of an imperfect conception, and that it had, in consequence, been separated from its niche, and a corpus luteum taken its place. In the Physiological Proem to the present Class we have observed, that such changes are occasionally met with in mature virgins, whose organs have afforded ample proof of freedom from sexual commerce, the ordinary mode of accounting for which is by supposing, that although they have never cohabited with the male sex, they have at times felt a very high degree of orgasm or inordinate desire, and that such feeling has been a sufficient excitement to produce such an effect. The author has already expressed himself not satisfied with this explanation; and the case before us can hardly be resolved into any such cause.

GEN. II.

SPEC. II.

Præotia
feminina.The present
species readily
accounted for.The morbid
predisposition
to be timely
checked :not always con-
nected with any
cupidinous
orgasm.

Exemplified.

Example
explained.

recorded an instance of this kind (Trans. Med. Chir. Soc., vol. iv.), and others are reported by British practitioners. In one case, the patient was but three years and a half old (Med. Phys. Journ., 1810); and, in another, but two years of age. (Op. cit., vol. xxviii.) See Ryan's Manual of Midwifery; or, a Compendium of Gynæcology and Paidonology, 12mo. Lond. 1831, edit. 3., a work replete with useful matter. — ED.

* Phil. Trans., vol. lxxix. p. 71.

GENUS III.

LAGNESIS.

LUST.

INORDINATE DESIRE OF SEXUAL COMMERCE, WITH ORGANIC
TURGESCENT AND ERECTION.

GEN. III
Origin of
generic term
Synonyms.

LAGNESIS is a derivative from *λάγνης*, “libidinosus;” “præceps in venerem;” and, as a genus, is intended to include the SATYRIASIS and NYMPHOMANIA of Sauvages and later authors; which chiefly, if not entirely, differ from each other only as appertaining to the male or female sex, and in their symptoms do not, like the preceding genus, offer ground for two distinct species. The proper species belonging to this genus are the following:—

- | | |
|------------------------|---------------------|
| 1. LAGNESIS SALACITAS. | SALACITY. |
| 2. ————— FUROR. | LASCIVIOUS MADNESS. |

SPECIES I.

LAGNESIS SALACITAS.

SALACITY.

THE APPETENCY CAPABLE OF RESTRAINT; THE EXCITEMENT
CHIEFLY CONFINED TO THE SEXUAL SYSTEM.

GEN. III.
SPEC. I.
Physiological
remarks.
Ordinary
causes of
temperance.

IN a state of health and civilised society, there are two reasons why mankind are easily capable of restraining within due bounds the animal desire that exists in their frame from the period of puberty till the infirmity of age: the one is of a physical, and the other of a moral kind. The natural orgasm of men differs from that of brutes in being permanent, instead of being periodical, or dependent upon the return of particular seasons; and, on this very account, is less violent, more uniform, and kept with comparative facility within proper limits. This is a cause derived from the physical constitution of man. But the power of habit and the early inculcation of a principle of abstinence and chastity in civilised life, form a moral cause of temperance that operates with a still stronger influence than the preceding, and lays down a barrier, which, though too often stealthily broken into, yet, in the main, makes good its post, and serves as a general check upon society.

Hence less
restraint in
savage life :

As man rises in education and moral feeling, he proportionally rises in the power of self-restraint; and consequently, as he becomes deprived of this wholesome law of discipline, he sinks into

self-indulgence and the brutality of savage life. And were it not that the very permanency of the desire, as we have already observed, torpifies and wears out its goad, the savage, destitute of moral discipline, would be at all times as ferocious in his libidinous career as brutes are in the season of returning heat; when, stung with the periodical ardour, and worked up almost to fury, the whole frame of the animal is actuated with an unbridled force, his motions are quick and rapid, his eyes glisten, and his nerves seem to circulate fire. Food is neglected; fences are broken down; he darts wild through fields and forests, plunges into the deepest rivers, or scales the loftiest rocks and mountains, to meet the object that is ordained by nature to quell the pungent impulse by which he is urged forward*:

Nonne vides ut tota tremor pretentet equorum
Corpora, si tantum notas odor attulit auras?
Ac neque eos jam fræna virûm, neque verbera sæva,
Non scopuli, rupesque cavæ, atque objecta retardant
Flumina, correptos undâ torquentia montes.†

The power of restraint, however, does not operate alike on all persons even in the same state of society, and under a common discipline. Period of life, constitution, and habit, produce a considerable difference in this respect, and lay a foundation for the four following varieties of morbid salacity:—

α Pubertatis.	Salacity of youth.
β Senilis.	———— of age.
γ Entonica.	———— of full habit.
δ Assueta.	———— of a debauched life.

The FIRST VARIETY proceeds not so much from organic turgescence, as from local irritability: for it is chiefly found in relaxed and delicate frames, weakened by overgrowth, or a life of indolence and indulgence. The action is new, and where, from whatever cause, the irritability is more than ordinary, a degree of excitement is produced, which shows itself constitutionally or topically. If in the former way, hysteria or chorea, or some other nervous affection, is a very frequent effect: if in the latter, a high-wrought and distressing degree of appetency. It is under this state that females are said to be capable of separating ovula from their ovaries, and of forming corpora lutea without actual copulation, in the same manner as the ovaries of quadrupeds that are only capable of breeding in a certain season of the year, exhibit, during their heat manifest proofs of excitement, and especially of florid redness, when examined by dissection. I do not think the assertion concerning women is altogether established: but in the case of young men when entering upon, or emerging from pubescence, and of the relaxed and delicate frame just noticed, nothing is more common than involuntary erection and seminal emission during sleep, often connected with a train of amorous ideas excited by the local stimulus, as we have already observed under PARONIRIA SALAX.‡

It is possible that this affection may occasionally be a result of

GEN. III.
SPEC. I.
Lagnesis
salacitas.

and none
among the
lower classes
of animals.

Restraint not
equally obtain-
ed in all per-
sons and at all
periods of life.

α L. Salacitas
pubertatis.
Pathology.
Why most fre-
quent in re-
laxed habits.

Sometimes a
result of
entony.

* See Crichton on Mental Derangement, ii, p. 301.
† Virg. Georg., lib. iii. 250.
‡ Vol. iii. p. 129.

GEN. III.

SPEC. I.

a L. Salacitas
pubertatis.
Remedial
treatment.

entony, or plethoric vigour, as well as of atony or delicacy of health: but the last is by far the most common cause.

In the first case, we have nothing more to do, than to reduce the excess of living power by copious venesections and purgatives, active labour or other exercise, and a low diet. In the second, it will be expedient in a very considerable degree to reverse the plan. We may, indeed, palliate the topical irritation by the use of leeches and cooling laxatives; but, in conjunction with these, we should employ the unirritant tonics, as the salts of bismuth, zinc, and silver, or the sedative tonics, as the mineral acids, most of the bitters, and the cold bath. By taking off the debility, we take off the irritation, and by taking off the irritation, we overpower the disease.

β L. Salacitas
senilis.

Causes.

The SALACITY OF AGE is a very afflictive malady, and often wears away the hoary form to the last stage of a tabid decline, by the frequency of the orgasmic paroxysms, and the drain of seminal emissions without enjoyment. It is usually a result of some accidental cause of irritation in the ovaria, the uterus, the testes, or the prostate gland; and has sometimes followed a stone in the kidneys or bladder; and is hence best relieved by removing or palliating the local irritation by a warm hip-bath, anodyne injections, or cataplasms of hemlock, or the other umbellate or lurid plants in common use. Where these do not succeed, our only resource is opium, and the warmer tonics.

γ L. Salacitas
entonica.

Curative
process.

ENTONIC SALACITY, or that of a robust and sanguine temperament, is not always so easily remedied as might at first be supposed. Copious venesections, purgatives, and a reducent diet, and this succeeded by a regular use of neutral salts, and especially of nitre, will often, indeed, be found highly beneficial. But the erethism occasionally becomes chronic, and defies the effects of all medicines whatever, and is excited by the slightest sensible causes, or even by the power of imagination*; and where there is an excess of irritability in the constitution, and the patient, from a principle of chastity, has sedulously restrained himself from all immoral indulgences, the nervous system, and even the mind itself, have sometimes suffered in a very distressing degree. One or two examples of this we have already noticed under *ECPHRONIA mania*, or madness.† The natural cure is a suitable marriage, wherever this can be accomplished; but unless the union be of this character, it will often be attempted in vain. Professor Frank of Vienna, in his System of Medical Polity, relates the case of a lady of his acquaintance, of a warm and amorous constitution, who was unfortunately married to a very debilitated and impotent man; and who, although she often betrayed unawares, by her looks and gestures, the secret fire that consumed her, yet, from a strong moral principle, resisted all criminal gratification. After a long struggle, her health at last gave way: a slow fever seized her, and released her from her sufferings.

Mind sometimes
suffers from a
transfer of
morbid action:
or the entire
system from
general irrita-
tion.

δ L. Salacitas
assueta.

Remedial
treatment.

The SALACITY OF A DEBAUCHED LIFE, or lechery produced and confirmed by habit, can only be cured by a total change of habit; which is a discipline that the established debauchee has rarely the courage to attempt. Exercise, change of place and

* Swed. Nov. Nosol. Syst., i. p. 231.

† Vol. iii. p. 74.

pursuits, cooling laxatives, and a less stimulant diet than he will commonly be found accustomed to, may assist him in the attempt; but, in general, the mind is as corrupt as the body, and the case is hopeless. He perseveres, however, at his peril, for, with increasing weakness, he will at length sink into all the miserable train of symptoms characterising that species of marasmus which is usually expressed by the name of *tabes dorsalis*. *

GEN. III.
SPEC. I.
♂ *L. Salacitas*
assueta.

SPECIES II.

LAGNESIS FUROR.

LASCIVIOUS MADNESS.

APPETENCY UNBRIDLED, AND BREAKING THE BOUNDS OF MODEST
DEMEANOUR AND CONVERSATION: MORBID AGITATION OF
BODY AND MIND.

MOST of the causes of the preceding species are causes of the present, though it shows itself less frequently at the age of puberty. It is in fact very nearly related to the species *SALACITAS*, though the local irritation is more violent, and the mind participates more generally and in a very different manner. Under the first, the patient has a sufficiency of self-command to conduct himself at all times with decorum, and not to offend the laws and usages of public morals; and if, as is rarely the case, however, the mind should at length become affected, it is rather by a transfer of the morbid irritation than an extension of it, so that patients thus afflicted very generally lose the venereal erethism, and show no reference to it in the train of their maniacal ideas. In lascivious madness, on the contrary, this last symptom continues in its utmost urgency, all self-command is broken down, the judgment is overpowered, the imagination enkindled and predominant, and the patient is hurried forward by the concupiscent fury like the brute creation in the season of heat, regardless equally of all company and all moral feeling. As it occurs in males, it is the *satyriasis furens* of Cullen; as it occurs in females, it is the *nymphomania furibunda* of Sauvages.

GEN. III.
SPEC. II.
Causes.

Pathology.

Mind suffers from an extension of the erethism, rather than a transfer of morbid action.

The pulse is quick, the breathing short, the patient is sleepless, thirsty, and loathes his food; the urine is evacuated with difficulty, and there is a continual fever. In women, the disease is often connected with an hysterical temperament, and even commences with a semblance of melancholy †; and I once had an instance of it, from local irritation, shortly after childbirth. The child having suddenly died, and there being no more demand for a flow of milk, the fluid was repelled from the breasts with too little caution, and the uterine region, from the debility it was yet labouring under, became the seat of a transferred irritation. Among females the disease is strikingly marked by the move-

Description.

* Vol. ii. p. 484. Cl. III. Ord. iv. Gen. III. Gen. iv.

† Delius, *Advers.*, fascic. i. Belol, *Furor Uterinus*, *Melancholicus Effectus*. Paris, 1621.

GEN. III.
SPEC. II.
Lagnesis furor.

ments of the body and the salacious appearance of the countenance, and even the language that proceeds from the lips. There is often, indeed, at first some degree of melancholy, with frequent sighings; but the eyes roll in wanton glances, the cheeks are flushed, the bosom heaves, and every gesture exhibits the lurking desire, and is enkindled by the distressing flame that burns within.

Sometimes produced by the friction of an enormous clitoris.

In some cases, it has unquestionably proceeded from the perpetual friction of an enormous clitoris, making an approach, from its erection, to what Galen calls a female priapism. Büchner, Schurig*, and Zacutus Lusitanus† give numerous examples of this; and Bartholin has the case of a Venetian woman of pleasure, whose clitoris was rendered bony by frequent use, and consequently became a source of constant irritation.

This enlargement frequent in hot climates: and at times relieved by circumcision: which has been performed with success in the present variety.

In hot climates, this kind of enlargement and elongation is by no means uncommon, and, as it becomes a source of uncleanness, as well as of undue excitement, circumcision, or a reduction of the clitoris to its proper size, has been often performed with advantage. The same operation has been proposed for the case before us, and, in some instances, it has succeeded completely. "A young woman," says Richerand, "was so violently affected with this disease as to have recourse to masturbation, which she repeated so frequently as to reduce herself to the last stage of marasmus. Though sensible of the danger of her situation, she was not possessed of self-command enough to resist the orgasmic urgency. Her parents took her to Professor Dubois, who, upon the authority of Levret, proposed an amputation of the clitoris, which was readily assented to. The organ was removed by a single stroke of the bistoury, and all hemorrhage prevented by an application of the cautery. The wound healed easily, and the patient obtained a radical cure of her distressing affection."‡

General treatment.

Where the cause cannot be easily ascertained, we must employ a general plan of cure. If there be plethora or constitutional fulness, venesection should never be omitted; and, in most cases, cooling laxatives, a spare diet, with acid fruits and vegetables, cold bathing, local and general, will be found useful. Nitre has often proved beneficial; and to this may be added conium, aconite, and other narcotics. Camphor is also well worth a trial.

Satyriasis.

Nymphomania.

From the infuriate state of the mind in most cases of this malady, Vogel has arranged both satyriasis and nymphomania as species of MANIA. But this is incorrect; the fury of the mind is merely symptomatic. Parr, on the contrary, has ranked it under LAGNESIS, to which, with great perversion, he applies the term *hallucinatio erotomania* or love-sickness, more properly a variety of EMPATHEMA *desiderii*, and which, in the present and most other systems, is, therefore, regarded as a mental malady.

Love-sickness an occasional though very rare cause.

Love-sickness, however, may sometimes be an occasional, or exciting cause, and its symptoms may be united with the complaint, and even add to the general effect, of which the History of the Academy of Sciences affords an instance §; but in itself it is, as we have already shown, altogether a disease of a different

* Gynæcolog., pp. 2. 17.

† Nosographie Chirurgicale, &c.

‡ Prax. Admir., lib. II. obs. 91.

§ Ann. 1764, p. 26.

kind ; and where it becomes blended with concupiscent fury, it must be from a concurrence of some of the special causes of the latter, either general or local, which we have just pointed out.

In males, the disease has led to quite as much exhaustion as in females ; Bartholin gives an example of a hundred pollutions daily.

GEN. III.
SPEC. II.
Lagnesis furor.

In males a
hundred pollutions
daily.

GENUS IV.

AGENESIA.

MALE STERILITY.

INABILITY TO BEGET OFFSPRING.

THE generic term is a compound from α , negative, and $\gamma\acute{\iota}\nu\omicron\mu\alpha\iota$ “to beget,” and will be found to comprehend the three following species, derived from impotency of power or energy ; an imperfect emission where the power is adequate ; or an incongruity in the copulative influences or fluids upon each other : —

- | | |
|-----------------------|-------------------------|
| 1. AGENESIA IMPOTENS. | MALE IMPOTENCY. |
| 2. ————— DYSSPERMIA. | SEMINAL MISEMISSION. |
| 3. ————— INCONGRUA. | COPULATIVE INCONGRUITY. |

GEN. IV.
Origin of the
generic term.

Among plants we sometimes meet with a like generative disability, occasionally from imperfectly formed styles or stigmas, stamens, or anthers ; sometimes from a suppression of farina, and sometimes, from a total destitution of seeds : which last defect is common to *bromelia ananas* ; *musca paradisiaca*, or banyan ; *artocarpus incisa*, or bread-fruit tree ; and *berberis vulgaris*, or common berberry.

A like defect
sometimes
among plants.

SPECIES I.

AGENESIA IMPOTENS.

MALE IMPOTENCY.

IMPERFECTION OR ABOLITION OF GENERATIVE POWER.

THE species before us is, perhaps, more generally called by the nosologists anaphrodisia, though this last term has been used in very different senses ; sometimes importing a want of desire, sometimes inability, sometimes both ; and sometimes only a particular kind of inability resulting from atony alone. The third species has never, hitherto, so far as the author knows, been introduced

GEN. IV.
SPEC. I.

The anaphrodisia of some
authors.

GEN. IV.
SPEC. I.
Agenesia
impotens.

into any nosological arrangement, although the reader will probably find, as he proceeds, sufficient ground for its admission. And even the first and second, closely as they are connected by nature, have rarely, if ever, been introduced before under the same common division, but been regarded as distinct genera belonging to distant orders or even classes, and arranged with diseases that have little or no relation to them, of which numerous examples are given in the volume of Nosology.

Impotency in males may proceed from two very distinct causes, showing themselves in different ways, and laying a foundation for the following varieties: —

α Atonica.
 β Organica.

Atonic impotency.
Organic impotency.

α A. Impotens
atonica.
Common
causes.

In the FIRST of these, there is a direct imbecility, or want of tone; produced chiefly by excess of indulgence, long-continued gleet*, or a paralytic affection of the generative organs. It has also been occasioned by a violent contusion on the loins, a fall on the nates†, and sabre wounds of the back of the neck. Of the latter, Baron Larrey saw various examples in the campaigns of the French armies.‡

Mode of treat-
ment when
from debility or
local injury.

Under the two first of these causes, a cure is often effected by time, and local tonics and stimulants, especially cold bathing: and the same process will frequently succeed where the weakness has followed a chronic gleet: in which we may also employ the course of remedies already recommended for this complaint.§

Paresis or
paralysis nearly
hopeless.
Aphrodisiacs a
name without
a thing.

Where the impotency results from a paresis or paralysis of the local nerves, or has been brought on by a life of debauchery, the case is nearly hopeless. We have heard much of aphrodisiacs, but there is none on which we can depend in effects of this kind. Wine, which is the ordinary stimulant in the case before us, will rarely succeed even in a single instance, and where it has done so, it has increased the debility afterwards. It is, in truth, one of the most common causes of the disease itself.

Cantharides.

Cantharides have often been employed, but, in the present day, they are deservedly distrusted, and flourish rather in proverbs than in practice. Their effect, as a local stimulant, shows itself rather on the bladder and prostate gland than on the testes, and as a general irritant in increasing the heat and action of the whole system, in which the testes may, perhaps, sometimes have participated. "They are," says Dr. Cullen, "a stimulant and heating substance, and I have had occasion to know them, taken in large quantity as an aphrodisiac, to have excited violent pains in the stomach, and a feverish state over the whole body." ||

* This cause is not usually recognised, and, indeed, it is fortunate that impotence is probably never the effect of so common a complaint as an old gleet. Were it otherwise, one half of the male population in London would most certainly be afflicted with impotence in early manhood. Gleet which is attended with, and arise from, bad strictures in the urethra, are accompanied, it is true, with an impossibility of perfect seminal emission; but here the cause is not the gleet, but the obstruction in the urethra. — ED.

† Hildan, cent. vi. obs. 59.

‡ See Chir. Militaire, &c. Such wounds were observed to bring on atrophy of the testicle. — ED.

§ Act. Nat. Cur. vol. v. obs. 59.

|| Mat. Med. vol. ii. p. 563.

Many of the verticillate plants, as mint and penny-royal, have been tried in a concentrated state for the same purpose, but with different, and even opposite effects, in the hands of different practitioners. To the present hour they are supposed by many to stimulate the uterus specifically, while they take off the venereal appetency in males. Upon sober and impartial trials, however, they seem to be equally guiltless of both: and may as readily be relinquished for such purposes as the nests of the Java swallow, which are purchased at a high price as a powerful incentive, and form an extensive article of commerce in the East.

The best aphrodisiacs are warm and general tonics, as the stimulant bitters, and the metallic salts, especially the preparations of iron. In China, ginseng has for ages been in high esteem, not only as a general restorative and roborant, but particularly in seminal debilities. Dr. Cullen appears to have thrown it out of practice by telling us, that he knew "a gentleman a little advanced in life, who chewed a quantity of this root every day for several years, but who acknowledged, that he never found his venereal faculties in the least improved by it."

Local irritants, in many cases, have undoubtedly been of use, as blisters, caustics, and setons. Electricity is said to have been still more extensively serviceable; and friction with ammoniated oil, or spirits, or any other rubefacient, is fairly entitled to a trial. Stinging with nettle-leaves (*urtica urens*) was, at one time, a popular remedy, and flagellation of the loins* or nates†, or both, still more so.

In ORGANIC IMPOTENCY, forming our second variety, the chance of success is generally hopeless. This proceeds from a misformation or misorganisation of the parts, either natural or accidental: as an amputated, injured, or enormous penis, or a defect or destitution of the testes.‡ Plater introduces brevity or exility of the penis§ among the causes, but these evils are generally overcome by habit. An incurvated, retracted, or otherwise distorted form is also mentioned by many writers; but such cases seem rather to belong to the ensuing species. An unaccommodating bulk of the organ seems to have been no uncommon cause.|| Schenck gives an instance of this kind, in which the bulk was produced by the monstrosity of a double penis¶; and Albinus relates a case of a divorce obtained against a husband, from inability to enter the vagina *ob penem inormem*.** A similar litigation with divorce is recorded by Plater.††

It has been doubted, whether a retention of the testes in the abdomen, or in the path of their descent, will necessarily produce impotency. Swediaur distinctly affirms, that impotency is not a consequence, and points out the importance of rightly distinguish-

GEN. IV.

SPEC. I.

a A. Impotens atonica.

Treatment.

Verticillate plants.

Nests of the Java swallow.

Best aphrodisiacs tonics of different kinds.

Ginseng, its pretensions.

Local irritants.

B A. Impotens organica.

Causes.

How far a retention of the testes may produce it.

* Meibom. de Flagrorum usû in re Venereâ.

† Riedlin, Linn. Med. 1696, p. 6.

‡ Bad strictures in the urethra, a cause already alluded to in a foregoing page, would rank as a case of organic impotency.—ED.

§ Observ. lib. i. pp. 249, 250.

|| Schurig. Gynæcolog. p. 226.—Wadel, Pathol. sect. III. p. 11.

¶ Observ. lib. iv. N. 2. 8.

** Dissert. de Inspectione Corporis, forensis, in causis matrimonialibus fallacibus et dubiis. Hall. 1740.

†† Observ. lib. I. p. 250.

GEN. IV.
SPEC. I.
β A. Impotens
organica.

ing between a real and an apparent deficiency, in respect to the one or the other of these two cases. *

SPECIES II.

AGENESIA DYSSPERMIA.

SEMINAL MISEMISSION.

IMPERFECT EMISSION OF THE SEMINAL FLUID.

GEN. IV.
SPEC. II.
Dysspermatis-
mus of many
authors.

THIS is the dysspermatus, or, as it is usually but incorrectly spelt, dy-spermatus of authors. The termination is varied, not merely on account of greater brevity and simplicity, but in conformity with the parallel Greek compounds, polyspermia, gymnospermia, aspermia, terms well known to every botanist, and the two former of which are elegantly introduced into the Linnéan vocabulary.

Imperfection or defect of emission proceeds from numerous causes, accompanied with some change of symptoms as appertaining to each, and hence laying a foundation for the following varieties: —

- α Entonica.
Entonic misemission.
- β Epileptica.
Epileptic misemission.

The imperfect emission proceeding from super-erection or priapism.

Rendered imperfect by the incursion of an epileptic spasm produced by sexual excitement during the intercourse.

* Nov. Nosol. Syst. vol. ii. p. 351. This point has been already considered in the present vol. See p. 7. In Sir Astley Cooper's Observations on the Structure and Diseases of the Testes, Lond. 4to. 1830. pp. 52, 53, may be found some interesting facts, relating to the subject of this part of Dr. Good's work. From these it appears, that a wasting of one testis at an early period of life does not deprive the individual of the power of procreation. Neither does the removal of one testis always seem to lessen virility. "A gentleman had his testis removed, in January, 1821, for an enlargement and great hardness. He recovered in three weeks. His wife, by whom he had already had one child, nursed him during his confinement. In the month of March, she proved pregnant, about nine weeks after the performance of the operation." Mr. Headington knew a man, who had several children after losing one testicle by an operation. A man, one of whose testicles had been absorbed fourteen years, from wearing a truss for hernia congenita, married, and in due time became a father. It has twice fallen to the lot of Sir Astley Cooper to remove the testicle, where the other had already been lost. In the second case here referred to, the operation was performed in Guy's Hospital, in 1801. Four days afterwards, the patient informed Sir Astley, that he had had, in the preceding night, an emission, which appeared upon his linen. For nearly a twelvemonth, it seems, that he had emissions *in coitu*, or the sensations of them. That he then had erections and connection at long intervals, but without the sensation of emission. After two years, he had erections very rarely and imperfectly, and in time the penis became shrivelled and wasted. It would appear, then, that in this case castration led to a cessation of all seminal emission at the end of a few months. The emission, such as it was, also, could only have been of the fluids secreted by the vesiculæ seminales and prostate gland. — ED.

γ Anticipans.
Anticipating misemissions.

The discharge ejected hastily, prematurely, and without due adjustment.

GEN. IV.
SPEC. II.
Agnesia
dyspermia.

δ Cunctans.
Retarding misemission.

The discharge unduly retarded from hebetude of the genital organs; and hence not accomplished till the orgasm, on the part of the female, has subsided.

ε Refluens.
Refluent misemission.

The discharge thrown back into the vesiculæ seminales *, or the bladder, before it reaches the extremity of the penis.

Of the first, or *ENTONIC VARIETY*, examples are by no means uncommon. Dr. Cockburn gives an instance in a young noble Venetian, who, though married to a fine and healthy young lady, had no seminal emission in the act of union, notwithstanding there was a vigorous erection, whilst he could discharge very freely in his dreams.† As no remedy could be devised at home, the Venetian ambassadors, resident at the different courts of Europe, were requested to consult the most eminent physicians in their various quarters. The case came in this manner under the notice of Dr. Cockburn, who, hitting accurately upon the cause of the retention, and ascribing it to the violence of the erection, or rather to the plethora of the vessels of the penis, whose distension produced a temporary imperforation of the urethra, advised purgative medicines and a slender diet, which soon produced the desired issue.‡

α A. Dyspermia entonica.
Strikingly exemplified.

I remember, many years ago, a healthy young couple, who continued without offspring for seven or eight years after marriage, at which period the lady, for the first time, became pregnant, and continued to add to her family every year till she had six or seven children; and in professional conversation with the father, he has clearly made it appear to me, that the cause of sterility, during the above period, was the morbid entony we are now discussing. Time, that, by degrees, broke the vigour of the encounter, effected at length a radical cure, and gave him an offspring he had almost despaired of. Mr. J. Hunter recommends opium in this case, as the best allayer of the undue stimulus, and nothing can be more judicious; for M. Bauer has shown by microscopical drawings, that the corpus spongiosum, as well as the corpora cavernosa, are divided into cells or trellis-work by an infinite number of fine membranous plates, and that the minute arteries which open into them, and fill them with blood in their distended state, are very numerous attended with nerves §, the peculiar excitement of

Additional illustration.

* The idea, once prevalent, that the vesiculæ seminales were merely reservoirs for the semen, has yielded to the better-founded opinion, that their office is to produce a secretion of their own, which becomes blended with the semen. Mr. Hunter remarked, not only that the fluid contained in the vesiculæ seminales was quite different from semen; but that, when the testis on one side had been long removed, the same fluid was still found, on dissection, in the corresponding vesicula seminalis. Dr. Good's statement, therefore, respecting the reflux of the semen into the vesiculæ seminales, must be regarded as erroneous.—ED.

† See a similar case in Marcel. Donat. Lib. iv. Cap. 18.

‡ Edin. Med. Ep. I. p. 270.

§ Phil. Trans. communicated by Sir E. Home, Bart. 1820, p. 183.

GEN. IV.

SPEC. II.

α A. Dysspermia entonica.

β A. Dysspermia epileptica.

Cause explained.

Exemplified.

Celibacy advisable.

Where married, abstinence at particular periods.

γ A. Dysspermia anticipans.

General cause,

and mode of treatment.

δ A. Dysspermia cunctans.

How produced.

Mode of treatment.

ε A. Dysspermia refluens.

which produces the exundation. And hence opium or any other narcotic, by acting as a sedative, and moderating the excitement, must bring down the organ to a desirable scale of tone.

The SECOND VARIETY, or misemission from the incursion of an epileptic fit, it is not difficult to account for. Persons who are pre-disposed to epilepsy, are, for the most part, of a highly irritable habit; and wherever the predisposition exists, any accidental excitement is sufficient to produce a fresh paroxysm: and hence it is seldom more likely to occur, than from the commotion of a sexual embrace. Even death itself has sometimes ensued in consequence of the violence of the venereal paroxysm.

Examples of epilepsy from this cause, as collected in the public medical records, are numerous. Among men, one of the most famous instances is that of the celebrated Hunnish chief Attila.* Morgagni † and Sinbaldus ‡ have given examples among women.

Hence, a life of matrimony had better be relinquished by those who are thus afflicted, as well on their own accounts, as on that of their descendants. And where marriage is actually effected, sexual commerce should be sedulously abstained from at the periods in which the disease is accustomed to recur, or during the continuance of those signs by which a paroxysm is usually preceded.

The THIRD and FOURTH VARIETIES, or anticipating and retarding misemission, are put together by Ploucquet under the name of *ejaculatio intempestiva* §, and are equally entitled to this character: while the former is, by Schenck, denominated *ejaculatio præmatura*. ||

The anticipating or premature variety evinces great nervous irritability in a delicate or relaxed habit; the plethora of the first or entonic variety would produce the best and most effectual cure; but as this is rarely to be accomplished in a constitution of this kind, tonics, a plain but nutritious diet, especially light suppers, and, more especially still, a bidet of cold water before retiring to bed, form the most effectual means of subduing this precession of generative power. In some cases, the afflux has been so quick as to take place even before the vagina has been fairly entered.

The FOURTH or RETARDING VARIETY forms a perfect contrast to the preceding. It imports a sluggishness either of constitution or of local erethism, in consequence of which the seminal flow does not take place till the orgasm of the female has subsided, and fatigue, perhaps disgust, have succeeded to desire. Here, too, general tonics and local stimulants offer the fairest chance of success; and both sting-nettles ¶ and flagellations **, as in some cases of organic impotency, are said to have worked wonders. The variety is generally described under the name of brady-spermatus.

The REFLUENT VARIETY is chiefly introduced upon the authority of M. Petit ††, whose description has been copied by Sauvages.

* Borelli, Amalth. Med. Hist. p. 161.

† De Sed. et Caus. Morb. Ep. xxvi. Art. 13. ‡ Geneanthropia, p. 794.

§ Init. Biblioth. tom. iv. p. 61. 4to. Tubing. 1795.

|| Observ. Lib. iv. Obs. 46.

¶ Eph. Nat. Cur. Dec. ii. Ann. v. App. p. 55.

** Meibom. and Riedlin, loc. citat.

†† Mémoires de l'Académie de Chirurgie, i. p. 434.

“ It consists,” he tells us, “ in a reflux of the semen into the bladder or vesiculæ seminales, on account of the narrowness of the urethra, in consequence of which there is no semination during the inter-union, and the semen is afterwards discharged with the urine.”

This narrowness is common to those who have suffered from frequent blenorrhœas, and have hence contracted strictures or indurations in the course of the urethral passage. Deidier adverts to a patient, who laboured under a fistula that opened from the vesiculæ seminales into the rectum; in consequence of which, though sound in every other respect, whenever he embraced his wife, scarcely any of the semen escaped from the penis, nearly the whole passing into the intestine, intermixed with a small quantity of urine; and hence his marriage was sterile. *

In all these cases, the cure of the impotency must depend upon a cure of the local cause of constriction. The *dysspermatis- mus urethralis*, *nodosus*, and *mucosus* of Sauvages and Cullen, who has copied from him, are all resolvable into this variety, as proceeding from like causes, and producing a like effect.

GEN. IV.
SPEC. II.
ε A. Dyssper-
mia refluens:
How produced.
Where chiefly
found.
Singular case
from Deidier.

Medical
treatment.

SPECIES III.

AGENESIA INCONGRUA.

COPULATIVE INCONGRUITY.

THE SEMINAL FLUID INACCORDANT, IN ITS CONSTITUENT PRIN-
CIPLES, WITH THE CONSTITUTIONAL DEMAND OF THE RE-
SPECTIVE FEMALE.

ALL the species of this genus are closely connected: yet it is only the first two, that have hitherto been noticed by nosologists: nor is there any preceding system, that I am aware of, under which even these two have been introduced into the same subdivision. In almost every instance, indeed, they have been regarded as dis- tinct genera belonging to distant orders or even classes, and arranged with diseases that have little or no relation to them. Thus, in Sauvages, impotentia, by him called anaphrodisia, occurs in the second order of his sixth class, united with such diseases as

GEN. IV.
SPEC. III.
The species
new to nosolo-
gical arrange-
ment, which
has hitherto
separated the
co-species
very remotely.

* Tom. iii. Consult. I. That the account here given cannot possibly be cor- rect, is quite obvious; first, because a communication between the vesicula semi- nalis and the rectum will not explain the alleged circumstance of nearly the whole of the semen passing into that bowel, instead of along the urethra. This is ob- vious, even if the vesiculæ seminales were reservoirs for the semen, as was once the incorrect supposition; but now, when it is known that they perform no such office, the insufficiency of the explanation is still more manifest. Secondly, if urine really passed into the rectum, there must have been a fistula between the cavity of the bowel and that of the bladder; and, therefore, in all probability, no such communication between the vesicula seminalis and the rectum; and the fluid, conjectured to be semen, could have been neither the secretion of the testes, nor that of the vesicula seminalis, but possibly some of the mucus of the inner coat of the bowel itself. The patient's infirmity must have been owing to differ- ent causes.—Ed.

GEN. IV.
SPEC. III.
Agenesia
incongrua.

This species
derived from
actual observa-
tions and inci-
dental hints.

General
physiology.

Dyssperma-
tismus serosus
of Sauvages.

Gonorrhœa
laxorum of
Cullen.

“loss of thirst” and “desire of eating;” while dysspermia, or dyspermatusmus, is carried forward to the third order of his ninth class. In Cullen, these diseases occur, indeed, in the same class, a very improper one, that of *LOCALES*, but under different orders of this class; impotentia being arranged under the second order, with the morbid cravings of the alimentary canal, and some of those of the mind, as nostalgia; and dysspermia being placed under the fifth order, entitled *epischeses* or *SUPPRESSIONS*.

The present species is, for the first time, so far as the author knows, introduced into a nosological system; and is derived from personal observation, in full accordance with the scattered remarks of several other writers and practitioners. The principle upon which the species is founded, belongs, strictly, to the general doctrine of conception, and has been already explained in the Physiological Proem to the present class. It will hence be sufficient to throw out a few additional hints for the purpose of bringing the principle more immediately home to the disease before us, and supporting the propriety of its introduction into the general register.

Every one must have noticed occasional instances, in which a husband and wife, apparently in sound health and vigour of life, have no increase while together; either of whom, nevertheless, upon the death of the other, has become the parent of a numerous family; and both of whom, in one or two curious instances of divorce, upon a second marriage. In various instances, indeed, the latent cause of sterility, whatever it consists in, seems gradually to diminish, and the pair that for years was childless, is at length endowed with a progeny. In all this, there seems to be an incongruity, inaccordancy, or want of adaptation in the constituent principles of the seminal fluid of the male to the sexual organisation of the respective female; or, upon the hypothesis of the epigenesis, which we have already illustrated, to the seminal fluid of the female. Writers, strictly medical, have not often adverted to this subject, though it is appealed to, and for the most part with approbation, by physiologists of all ages and countries. Sauvages, however, evidently alludes to and admits such a cause in his definition of *disspermatusmus serosus*, which is as follows: — “Ejaculatio seminis aquosioris, adeoque ad genesim inepti, quæ species est frequentissimum sterilitatis virilis principium.” He illustrates his definition by a case which occurred to Haguénot and Chaptal, who attributed it to the cause in question, and refers for other examples to Etmüller. Cullen expresses himself doubtfully upon this species, “De dyspermatusmo seroso Sauvagesii,” says he, “mihi non satis constat.” Yet his own *gonorrhœa laxorum*, in the present system *spermorrhœa atonica*, and which he explains “humor plerumque pellucidus, sine penis erectione, sed cum libidine, in vigilante, ex urethra fluit,” makes so near an approach to it, that the physiologist, who admits the one, can find little difficulty in admitting the other. The resemblance is, indeed, close and striking; in the latter disease, the individual labouring under it emits involuntarily, and *without coition*, or even erection, but with a libidinous sensation, a pellucid fluid, apparently of a seminal character, affirmed positively by Sauvages, from whom Cullen derives his species, and to whom he refers, to

be an “*effluxus seminis* ;” while, in the former, the same dilute and effete semen, with difficult and imperfect erection, is poured forth *during coition*.

In like manner, Forestus speaks of a proper gonorrhœa, or involuntary emission of seminal fluid, produced *ex aquositate* *, from too watery a condition of the secretion : Timæus, of the same disease occasioned *ex semine acri* †, by a secretion of an acrimonious semen; and Hornung, of hysterics occasioned in married women, who are sterile from an “*immissio frigidi seminis* ‡ ;” an expression adopted from, or at least employed by, Ballonius §, and supported by Schurig ||, and Ab Heer. ¶

The explanation, however, now offered, takes a more comprehensive view of the subject, by supposing that the seminal fluid may be secreted, not merely in a state of morbid diluteness, but, under various modifications, even in a state of health, of such a condition as to render it inadequate to the purposes of generation in female idiosyncrasies of certain kinds, while it may be perfectly adequate in those of other kinds. In agricultural language, it supposes that the respective seed may not be adapted to the respective soil, however sound in itself. So Parr tells us, on another occasion, that, “in some instances, the semen itself seems defective in its essential qualities.” **

Here, again, the mode of treatment must be regulated by a close attention to the nature of the cause. In most cases, whatever will tend to invigorate the system generally will best tend to cure the sterility: as a generous diet, exercise, the cold bath, and particularly the use of the bidet or local cold bath. With these may be combined the warm and stimulant resins and balsams, as guaiacum, turpentine, copaiba; and the oxydes of iron, zinc, and silver.

Abstinence by consent, for many months, has, however, proved a more frequent remedy than any other, and especially where the intercourse has been so incessantly repeated as to break down the staminal strength: and hence the separation, produced by a voyage to India, has often proved successful.

GEN. IV.
SPEC. III.
Agenesia
incongrua.
Further
illustrated.

Pathological
illustrations
applied to the
present species,
and its essence
pointed out.

Mode of treat-
ment.

GENUS V.

APHORIA.

FEMALE STERILITY. BARRENNESS.

INABILITY TO CONCEIVE OFFSPRING.

APHORIA (*ἀφορία*), “sterilitas,” “infecunditas,” from α , negative, and *φέρω*, “fero,” “pario,” is a term in common use among the

GEN. V.
Origin of
generic term.

* Lib. xxvi. obs. 12.

† Cista. p. 487.

|| Spermatologia, p. 21.

** Diss. art. Anaphrodisia.

† Cas. p. 188.

§ Opp. i. p. 120.

¶ Observ. Rar. N. 10.

GEN. V.
Aphoria.

Greek writers. It is singular, that the morbid condition it imports has no distinct place in any of our most esteemed nosologists. It may possibly be intended under the anaphrodisia of several of them, though in none of them has the genus any one species that expressly applies to female barrenness.

The proper species belonging to it are the following: —

1. APHORIA IMPOTENS.	BARRENNESS OF IMPO- TENCY.
2. ——— PARAMENICA.	BARRENNESS OF MISMEN- STRUATION.
3. ——— IMPERCITA.	BARRENNESS OF IRRE- SPONDENCE.
4. ——— INCONGRUA.	BARRENNESS OF INCON- GRUITY.

SPECIES I.

APHORIA IMPOTENS.

BARRENNESS OF IMPOTENCY.

IMPERFECTION OR ABOLITION OF CONCEPTIVE POWER.

GEN. V.
SPEC. I.

THIS species runs precisely parallel with the same disease in males, already described under *AGENESIA impotens*, and consequently offers us the two following varieties: —

α Atonica.	Atonic barrenness.
β Organica.	Organic barrenness.

α A. Impotens
atonica.
Causes.

IN ATONIC BARRENNESS, there is a direct imbecility or want of tone, rather than a want of desire; and the ordinary causes are, a life of intemperance of any kind, especially of intemperate indulgence in sexual pleasures, a chronic leucorrhœa, or paralytic affection of the generative organs. It has also been occasioned by violent contusions in the loins or the hypogastric region, and by over-exertion in walking.

Treatment.

The plan of treatment is to be the same as already laid down under atonic sterility or impotency in males; yet it is seldom, that any treatment has afforded success under this variety.

β A. Impotens
organica.
Causes.

ORGANIC BARRENNESS is produced by some structural hindrance or defect, whether natural or accidental. And this may be of various kinds; for the vagina may be imperforate, and prohibit, not only all intermission of semen, but an entrance of the penis itself. The ovaria may be defective, or even altogether wanting, or not duly developed, or destitute of ovula; or the fimbriæ may be defective, and incapable of grasping the uterus; or the Fallopian tube may be obstructed, or impervious, or wanting; in all which cases, barrenness must necessarily ensue. In the case of an impervious vagina, however, unless there be a total occlusion, conception will sometimes follow: for it has occurred where the passage has been so narrow as not to admit the penis; and occa-

Conception
may occur in
an impervious
vagina, if the
occlusion be
not total.

sionally, indeed, when, with the same impediment, a rigid and unbroken hymen has offered an additional obstacle, of which the medical records contain abundant examples. Ruysch gives us a singular case of a hymen found unbroken at the time of labour.

These, however, are rare instances ; for the impediment before us is usually a sufficient bar, not only to conception, but to copulation. In such a case, the author was once consulted by a young couple, to whom the want of a family was felt as a grievous affliction. The hymen had a small aperture, but was tense and firm, and the ordinary force of an embrace was not sufficient to break it. He explained the nature of the operation to be performed, and added, that he had no doubt of a successful issue. The lady was reluctant to submit herself to the hands of a surgeon, and hence, with equal courage and judgment, became her own operator. The impediment was completely removed, and she has since had several children.

In a few instances, however, this will not answer ; for there is a natural narrowness or stricture, sometimes found in the vagina, which cannot be overcome, at least without a severer operation than most women could be induced to submit to ; that I mean of laying it open through the whole length of the contraction. A sponge tent, however, gradually enlarged, or a bougie, has sometimes succeeded. Schurig gives an account of a dissolution of marriage, in consequence of an impediment of this kind. *

GEN. V.
SPEC. I.
β A. Impotens organica.

But the examples rare.
Illustrated.

Vagina itself sometimes naturally too narrow, or narrowed by a stricture.
Remedial process.

SPECIES II.

APHORIA PARAMENICA.

BARRENNESS OF MISMENSTRUATION.

CATAMENIAL DISCHARGE MORBIDLY RETAINED, SECRETED WITH DIFFICULTY, OR IN PROFUSION.

It is not always necessary to impregnation that a female should menstruate : for, we have already observed †, that a retention of menses, or rather a want of menstruation, is not always a disease ; but only where symptoms occur, which indicate a disordered state of some part or other of the body, and which experience teaches us is apt to arise in consequence of such retention. In some cases, there is great torpitude or sluggishness in the growth or development, or proper erethism of the ovaries, and menstruation is delayed on this account, and, in a few rare instances, we have remarked, that it has occurred for the first time after sixty years of age. It may hence easily happen, and we shall presently have occasion to show that it often has done so, that a woman becomes married, who has never been subject to this periodical flux ; and although it is little to be expected, that she should breed till the sexual organs are in a condition to elaborate this secretion, yet, if

GEN. V.
SPEC. II.
Menstruation not absolutely necessary to impregnation.
Explained.

* Gynæcolog. p. 223.
† See Paramenia Obstructionis, p. 31. of the present vol.

GEN. V.
SPEC. II.
Aphoria
paramenica.
But a flow of
catamenia
necessary
where once
established :
and hence
menostation
a cause of
barrenness.

Difficult
menstruation a
cause, and why.
Profuse men-
struation a
cause, and why.

Mode of
treatment.

such condition take place after marriage, impregnation may instantly succeed and prohibit or postpone the efflux, which would otherwise take place. *

But when there is a manifest retention of the catamenial flux, producing the general symptoms of disorder which we noticed in describing this disease, it is rarely that conception takes place, in consequence of the morbid condition of the organs that form its seat.

For the same reason, it seldom occurs where the periodical flow is accompanied with great and spasmodic pain, is small in quantity, and often deteriorated in quality. And if, during any intermediate term, conception accidentally commence, the very next paroxysm of distressing pain puts a total end to all hope, by separating the germ from the uterus.

But there must be a healthy degree of tone and energy in the conceptive organs, as well as of ease and quiet, in order that they should prove fruitful; and hence, wherever the menstrual flux is more frequently repeated than in its natural course, or is thrown forth, even at its proper time, in great profusion, and, as is generally the case, intermixed with genuine blood, there is as little chance of conception as in difficult menstruation. The organs are too debilitated for the new process; and, not unfrequently, there is as little desire as elasticity.

Having thus pointed out the general causes and physiology of barrenness, when a result of mismenstruation, it will be obvious, that the cure must depend upon a removal of the particular kind of morbid affection that operates at the time, and lays a foundation for the disease, of all which we have already treated under the different species of the genus PARAMENIA, and need not repeat what is there laid down.

SPECIES III.

APHORIA IMPERCITA.

BARRENNESS OF IRRESPONDENCE.

STERILITY PRODUCED BY PERSONAL AVERSION, OR WANT OF APPETENCY.

GEN. V.
SPEC. III.
Impregnation
may take place
under a rape.
The effect pos-
sible under a
particular kind
of constitution;
but very rare,
and mostly to
be suspected.

It is not perhaps altogether impossible, that impregnation should take place in the case of a rape, or where there is a great repugnancy on the part of the female; for there may be so high a tone of constitutional orgasm as to be beyond the control of the individual who is thus forced, and not to be repressed even by a virtuous recoil, and a sense of horror at the time. But, this is a possible, rather than an actual case; and though the remark may be sufficient to suspend a charge of criminality, the infamy can only be completely wiped away by collateral circumstances. †

* Class v. Order III. Carpotica, Introductory remarks.

† Dr. Ryan seems to have no hesitation in concluding from cases to which he refers, that defloration may happen during sleep, without the knowledge of the

In ordinary instances, rude, brutal force is never found to succeed against the consent of the violated person. And for the same reason, wherever there is a personal aversion, a coldness, or reserve, instead of an appetency and pleasure, an irrespondence in the feelings of the female to those of the male, we have as little reason to hope for a parturient issue. There must be an orgasmic shock, or percussion sufficient to shoot off an ovulum from its bed, and to urge the fine and irritable fimbriæ of the Fallopian tube to lay hold of the uterus and grasp it tight, by which alone a communication can be opened between this last organ and the ovarium, or the seed cannot reach home to its proper soil, and produce a harvest. So observes the first didactic poet of ancient Rome, addressing himself to the Generative Power, in the language not of the voluptuary but of the physiologist :—

— par maria, ac monteis, fluviosque rapaceis
Frundiferasque domos avium, camposque virenteis,
Omnibus INCUTIENS blandum per pectora amorem,
Ecfcis, et CUPIDE generatim secla propagant. *

So through the seas, the mountains, and the floods,
The verdant meads, and woodlands fill'd with song,
SPURR'D BY DESIRE each palpitating tribe
Hastes, at thy shrine, to plant the future race.

The cause is clear, and the effect certain, but it is a disease im-
medicable by the healing art, and can only be attacked by a kind,
assiduous, and winning attention, which, however slighted at first,
will imperceptibly work into the cold and stony heart, as the drops
of rain work into the pavement. It should teach us, however, the
folly of forming family connections, and endeavouring to keep up a
family name, where the feelings of affection are not engaged on
both sides.

GEN. V.
SPEC. III.
Aphoria
impercita.
Aversion, cold-
ness, or reserve
prohibit con-
ception, and
why.

Hence suffi-
cient ground
for the present
species.
Important
lesson to be
learnt from the
above facts.

SPECIES IV.

APHORIA INCONGRUA.

BARRENNESS OF INCONGRUITY.

THE CONCEPTIVE POWER, INACCORDANT WITH THE CONSTITUENT
PRINCIPLES OF THE SEMINAL FLUID RECEIVED ON THE PART
OF THE MALE.

THIS species runs precisely parallel with the third under the pre-
ceding genus AGENESIA *incongrua*, and the physiological and the-
rapeutic remarks, there offered, will equally apply to the present
place.

GEN. V.
SPEC. IV.
Parallel with
agenesia incon-
grua in cause,
effect, and
mode of treat-
ment.

female, or when she is intoxicated, has fainted, or is under the influence of nar-
cotics, and that pregnancy has happened under such circumstances ; “ facts, that
demonstrate the absurdity of the English law upon the subject. They also
prove, that conception may take place after rape.” (See Ryan’s Manual of
Midwifery, p. 154.)
* De Rer. Nat. i. 17.

GENUS VI.

ÆDOPTOSIS.

GENITAL PROLAPSE.

PROTRUSION OF ONE OR MORE OF THE GENITAL ORGANS, OR OF EXCRESCENCES ISSUING FROM THEM, INTO THE GENITAL PASSAGE ; IMPAIRING OR OBSTRUCTING ITS COURSE.

GEN. VI.
Origin of
generic term.

ÆDOPTOSIS is a compound term from *αἰδοῖν*, “inguen,” pl. *αἰδοῖα*, “pudenda,” whence *αἰδώς*, “pudor,” and *πτῶσις*, “lapsus.” In like manner, Sauvages and Sagar use *Ædopsophia*, applying the term to the *meatus urinarius*, as well as to the uterus. Sauvages, however, expresses the present disease, but less correctly, by *hysteroptosis* ; for this, with strict propriety, can denote only one of the species that fall within its range, namely, displacement of the uterus.

The genus embraces the five following species :

- | | |
|---------------------|---------------------------|
| 1. ÆDOPTOSIS UTERI. | FALLING DOWN OF THE WOMB. |
| 2. ——— VAGINÆ. | PROLAPSE OF THE VAGINA. |
| 3. ——— VESICÆ. | PROLAPSE OF THE BLA DR. |
| 4. ——— COMPLICATA. | COMPLICATED GENITAL PRO- |
| | LAPSE. |
| 5. ——— POLYPOSA. | GENITAL EXCRESCENCE. |

SPECIES I.

ÆDOPTOSIS UTERI.

FALLING DOWN OF THE WOMB.

PROTRUSION OF THE UTERUS INTO THE VAGINA.

GEN. VI.
SPEC. I.

THIS may take place in several ways, and hence offers the following varieties : —

- | | |
|---------------|-----------------------------|
| α Simplex. | Simple descent of the womb. |
| β Retroversa. | Retroverted womb. |
| γ Inversa. | Inverted womb. |

α Æ. uteri
simplex.

Relaxatio uteri,
what.
Procidentia,
what.

In the FIRST VARIETY, or that consisting of a simple descent of the uterus, the organ retains its proper posture and figure. Different names are frequently given to different degrees of this variety. If the descent be only to the middle of the vagina, it is called *relaxatio uteri* ; if to the labiæ, *procidentia* ; if lower than the labiæ, *prolapsus*. * The distinction is of trifling importance ; the

* Instances are recorded in which the uterus had been beyond the external parts for two, and even eighteen, years ; yet, in the latter case, the woman was not pre-

causes are the same in all, which are those of debility or violence. The disease is hence most common to women who have had numerous families; but is occasionally met with in virgins after straining, using violent exercise in dancing or running, or meeting with falls during menstruation, and hence sometimes in girls of a very early age. Professor Monro gives an example of its occurring in an infant of not more than three years old, preceded by a regular menstruation, or more properly a discharge of blood, every three weeks or months, from the vagina, accompanied with considerable pain in the belly, loins, and thighs. The case was too long neglected, as being supposed of little importance: and the uterus, which at first appeared to be a very small body just peeping out of the vagina, descended lower and lower, continually increasing in size, till at length it became as big as a hand-ball, and entirely blocked up the passage of the pudendum. At this time the returns of sanguineous discharge had ceased; but a considerable leucorrhœa supervened. The uterus seems at last to have been strangulated, gangrene ensued, and was soon succeeded by death.*

The disease first shows itself by what is called a bearing down of the womb, which is a slight descent produced by a relaxed state of its ligaments, and its own weight when in an upright position. There is, at this time, an uneasy sensation in the loins, as well as in the inguinal regions, often extending to the labia, and particularly in walking or standing. There is also an augmented flow of the natural mucous secretion in consequence of the local irritation, which by degrees acquires an irritating quality, excoriates the surrounding parts, and is accompanied with an obstinate leucorrhœa. The stomach sympathises with the morbid state of the womb, the appetite fails, the bowels become irregular and flatulent, and the animal spirits are dejected.

In attempting a cure, we must first restore the prolapsed organ to its proper position, and then retain it there, by a support introduced into the vagina, which should be continued till the ligaments of the womb have recovered their proper tone.† Various pessaries have been invented for this purpose, but that made of the caoutchouc or elastic gum, with a ligature to withdraw it at option, appears to be one of the most commodious.‡ Astringent injections,

GEN. VI.

SPEC. I.

α Æ. uteri
simplex.Prolapsus,
what.

Causes.

Occasionally
found in
virgins and
even infants.History and
description.Curative
process.

Restoration.

Pessaries.

Astringent
injections and
other tonics.

vented, by the situation of the womb, from having six children. See Ashwell, in *Lond. Med. and Surg. Journal*, 1830, vol. iv. — Ed.

* *Edin. Med. Essays*, vol. iii. art. xvii. p. 282.

† It is alleged, that it is not an easy matter to occasion a prolapse of the uterus in the dead body, though the broad ligaments have been divided for the purpose: hence, Dr. Dewees conceives, that the vagina is the chief support of this organ, which view sufficiently accounts for the tendency to the displacement arising from frequent deliveries, habitual coughs, severe vomitings, and efforts and exertions imprudently made during the menstrual period. Probably the common explanation of the origin of prolapsus uteri from relaxation of those ligaments has little foundation, and whatever elongation they undergo, is only an effect. — Ed.

‡ In France the species of pessary generally preferred, is that of linen covered with wax, resembling a round or oval disk or plate, with obtuse borders, and open in the centre; or caoutchouc, stuffed with scraped cotton, but of the same mechanic figure. If prolapsus uteri take place soon after delivery, from the woman getting up too early, the immediate application of a pessary would be

GEN. VI.

SPEC. I.

β *Æ. uteri*
simplex.

Scarification
or incision.

β *Æ. uteri*
retroversa.

Common
period of its
occurrence.

Causes.

as a solution of alum or sulphate of zinc, of gall, oak-bark, or green-tea, or even of cold water, will generally be found useful; as will also spunging the body with cold water, or using a hip-bath of sea-water. Dr. Clarke prefers the vegetable to the mineral injections, having found the latter sometimes too irritating.* New and rough port-wine, diluted with an equal quantity of cold water, has proved one of the most valuable injections to which the author has ever had recourse. A sofa or hair mattress should also be used, instead of the relaxing luxury of a down or feather-bed.

Dr. Berchermann, in a foreign journal, has recommended a far bolder cure, derived from the rash, but successful, practice of a woman upon herself. This courageous sufferer, having long laboured under a prolapse of the womb, and tried every method in vain, tired out with the continuance of her complaint, cut into the depending substance of the womb with a common kitchen-knife. A considerable hemorrhage ensued; after which, the vessels collapsing, the organ gradually contracted, and ascended into its proper site; and she was radically cured of the disease. Having heard of her success, other women in the neighbourhood, afflicted with the same complaint, applied for her assistance, and derived a like cure from the same operation.† It must, however, be useless where the relaxation is seated in the ligaments.‡

[When the fundus uteri descends towards the sacrum, or, in other words, between the vagina and rectum, and the os tincæ inclines towards the pubes, the displacement is termed a *retroversion of the womb*. This organ, in fact, is subject to various changes of position, and its axis, with respect to that of the pelvis, may incline backwards, forwards, or to either side. The displacement forwards, which is much less frequent than that backwards, receives the name of *anteversion*. Retroversion is mostly met with in the third or fourth month of pregnancy; though it sometimes occurs in unimpregnated females, and certain practitioners have even seen it happen oftener in them than in the pregnant. § Probably, a retroversion of the womb is never produced all at once, but very gradually, and under the operation of particular circumstances. Thus, at first, the fundus of the organ inclines somewhat lower than usual, and this change by degrees becomes a complete retroversion. As general predisposing causes, may be mentioned, a capacious pelvis; deep situation of the viscera;

improper; the part should be carefully reduced, the patient kept in bed, and mild aperient medicines prescribed. In every case where a pessary is employed, it should be withdrawn and cleaned every third or fourth day. — ED.

* On the Diseases of Females attended by Discharges, part 1.

† Acta Philosophico-Medica Soc. Acad. Scient. Princ. Hassiacæ, 4to. Giessæ Cattorum.

‡ In what Madame Boivin terms *precipitation*, or *complete prolapsus*, in which the uterus protrudes from the vulva, and hangs between the thighs, covered by the reverted vagina, and containing the bladder and part of the rectum, any rational scheme of relief is entitled to encouragement. With this view is here mentioned Dr. Marshall Hall's method of preventing the return of this extreme protrusion; it consists in removing a slip of the mucous membrane, which is followed by an arctation of the vagina. — ED.

§ Richter's Chir. Bibl., b. v. s. 132., b. ix. s. 310. Stark's Archiv. für die Geburtshülfe, b. iv. s. 637. Siebold's Journ., b. iii. s. 59.

relaxation of the broad and round ligaments, &c. The occasional causes may be, pregnancy; immoderate distension of the bladder; constipation and hard straining at stool; long continuance in the recumbent posture; increased weight of the fundus uteri; and violent efforts.

GEN. VI.
SPEC. I.
β *Æ. uteri*
retroversa.

The symptoms chiefly depend upon the impediments created to the evacuation of the urine and feces, and upon certain morbid changes, which occur in the displaced uterus itself. Thus, when a retroversion takes place in pregnancy, the bladder and rectum are suddenly prevented from emptying themselves*; a sensation of bearing down is experienced, accompanied with tenderness and tension of the abdomen, nausea and even vomiting, fever, abortion, and sometimes death itself, in consequence of sloughing of the bladder, and effusion of the urine amongst the viscera. When a finger is introduced into the vagina, the *os tinæ* is perceived to be behind, or above the pubes; while the fundus uteri is felt making a hard projection at the posterior side of the passage, or that towards the sacrum; and it presses upon the rectum, within which it may also be felt. The treatment of retroversion consists in emptying the bladder and rectum, and restoring the uterus to its proper position. The first object is to be fulfilled by means of a catheter, the introduction of which will be considerably facilitated, when the portion of the vagina, drawn upwards towards the pubes, is pushed downwards with the fingers of the left hand. Thus, the orifice and direction of the *meatus urinarius*, which are sometimes so changed that the passage of the catheter is impracticable, become rectified, and the operation succeeds. It has, however, sometimes been found impossible to draw off the urine with a catheter, and absolutely necessary to puncture the bladder.† The second indication is to empty the rectum with clysters; the introduction of which, however, is frequently difficult. After these measures, of which the most efficient is the emptying of the bladder, and keeping it in this condition, the uterus often returns spontaneously into its natural position, and, when this does not happen, manual assistance must be given.]

Symptoms.

Treatment.

The WOMB IS INVERTED, when, at the same time that it is displaced or has fallen down, it is turned inside out. This mischievous condition is most commonly produced by unskilfully and violently pulling away the placenta after delivery: and is only to be remedied by a restoration of the uterus to its proper state before it contracts, without which perpetual barrenness must necessarily ensue, and the patient be subject for life to a difficulty of walking, leucorrhœa, ulceration, and the chance of a scirrhus or cancer.‡

γ *Æ. uteri*
inversa.

How produced,
and remedied.

* The elevation of the *cervix uteri* has the effect of compressing the neck of the bladder and the urethra against the *os pubis*. — ED.

† Cheston in *Med. Commun.*, vol. ii.

‡ The frequent hemorrhage, down-bearing pains, and general weakness, caused by inversion of the uterus, when it does not admit of being rectified, sometimes makes it necessary to remove the part with a double ligature, passed through the neck of the tumour, one part of the silk or twine being tied over the right side of the part, and the other over the left. If severe nervous symptoms follow, opiate injections into the rectum, the warm bath, and bleeding, are the most likely means of appeasing them. — ED.

SPECIES II.

ÆDOPTOSIS VAGINÆ.

PROLAPSE OF THE VAGINA.

PROTRUSION OF THE UPPER PART OF THE VAGINA INTO THE LOWER.

GEN. VI.
SPEC. II.
How modified.
Description.

THIS, like the descent of the uterus, may, according to the degree of the disease, be a relaxation, procidence, prolapse, or complete inversion of the organ. Under all which modifications it has a considerable resemblance to a prolapse of the anus. It appears in the form of a fleshy substance protruding at the back part of the vulva, with an opening in the centre or on one side. At first it is soft, but, by continued exposure and irritation, it becomes inflamed, indurated, and ulcerated. The urethra is necessarily turned out of its course; and, if the catheter be required, it should be employed with its point directed backwards and downwards. Its ordinary causes are those of a prolapse of the womb, and it is to be treated by a like plan of astringent injections and general tonics. Pregnancy commonly performs the best cure; and where this fails, Dr. Berchermann, from the success which has accompanied incision in the case of a prolapsed uterus, has recommended scarification, which appears well worthy of trial, though the author has not known it put into practice.*

Causes.

Cured by
pregnancy :
in some cases
scarification
recommended.

SPECIES III.

ÆDOPTOSIS VESICÆ.

PROLAPSE OF THE BLADDER.

PROTRUSION OF THE BLADDER INTO THE URINARY PASSAGE.

GEN. VI.
SPEC. III.
Two modifications given by Sauvages :
a protrusion of the inner membrane of the bladder :
and of the inner membrane of its neck.
The first modification illustrated.

THIS species is introduced chiefly upon the authority of Sauvages, who gives us two modifications or varieties of it; one, in which there is a protrusion of the inner membrane, in consequence of its separating from the general substance of the bladder, visible in the meatus urinarius, of the size of a hen's egg, subdiaphonous, and filled with urine; and the other, in which there is a protrusion of the inner membrane of the neck of the bladder into the same passage. He gives a case of the former variety from Noel, who met with it in a virgin, who was from the first peculiarly troubled with a retention of urine, accompanied with frequent convulsive movements. She soon fell a sacrifice to it, and it was on dissection that the state of the tunic was clearly proved. M. de Sauvages queries whether, on a recurrence of this case, it would be

* The operation, proposed of late by Dr. Marshall Hall, may be regarded as a revival of this method of treatment. — ED.

most advisable to make an opening into the protruding sac, or to extirpate it altogether.

The second variety, he tells us, is chiefly found among women who have borne many children, or have been injured by blows or other violence on the lower belly. The protruding cyst, produced by an inversion of the membrane, drops down in the urinary passage to about the length of the little finger, and is sufficiently conspicuous between the labia. Solingen, who met with a case of this kind, returned it by a probe, armed at the upper end with a piece of sponge moistened with an astringent lotion; and afterwards endeavoured to retain it in its proper position with a bandage.*

GEN. VI.
SPEC. III.
Ædoptosis
vesicæ.
The second
illustrated.

SPECIES IV.

ÆDOPTOSIS COMPLICATA.

COMPLICATED GENITAL PROLAPSE.

PROTRUSION OF DIFFERENT ORGANS COMPLICATED WITH EACH OTHER.

FROM the connection of the uterus and the vagina with the bladder, a prolapse of either of the two former is often complicated with that of the latter, giving us the two following varieties:—

GEN. VI.
SPEC. IV.

- | | |
|--------------------------|---------------------------------|
| α Utero-vesicalis. | Prolapse of the uterus dragging |
| Utero-vesical prolapse. | the bladder along with it. |
| β Vagino-vesicalis. | Prolapse of the vagina dragging |
| Vagino-vesical prolapse. | the bladder along with it. |

Under either of these conditions, the bladder, being deprived of the expulsory aid of the abdominal muscles, in consequence of its dropping below their action, is incapable of contracting itself sufficiently to evacuate the water it contains: and hence the patient is obliged to squeeze it with her hands or between her thighs.

General ex-
planation.

The causes and mode of treatment have been already described under the two preceding species. The present is the *hysteroptosis composita* of Sauvages.

* A more common prolapse of the bladder than that noticed by the author, is the cystocele, in which it protrudes through the abdominal ring. — Ed.

SPECIES V.
 ÆDOPTOSIS POLYPOSA.
 GENITAL EXCRESCENCE.

POLYPOUS OR OTHER CARUNCULAR EXCRESCENCE IN THE COURSE
 OF THE GENITAL AVENUE.

GEN. VI.
 SPEC. V.

Synonyms.

THIS is the *polypus uteri*, and *polypus vaginæ* of authors. They issue both from the uterus and the vagina, and hence form two distinct modifications, as follow : —

α Uteri.
 Polypus of the womb.*

Issuing with a slender root mostly from the fundus of the uterus, and more or less elongating into the vagina.

β Vaginæ.
 Polypus of the vagina.

Issuing from the sides of the vagina, broad and bulbous.

The vaginal polypus sometimes dispersed by stimulants and astringents: sometimes cured by excision.

Description of uterine polypous excrescences.

The latter excrescences in an incipient state, and particularly when loose and flabby, are sometimes dispersed by stimulant and astringent applications, or a hard compress of sponge or any other elastic material: and, if this cannot be accomplished, they must be destroyed by excision or caustics. It is rarely that they have a neck narrow enough for the application of a ligature.

Polypous excrescences of the womb are, however, a disease of much greater severity; since the stomach suffers, in most cases, from sympathy, and consequently the general health, producing all the symptoms we have already noticed under *ÆDOPTOSIS uteri*: which last is not unfrequently a result, if the excrescence be of long continuance, and of considerable weight and magnitude.†

* Named by several pathologists of the present day in France, the fibro-cellular tumour of the uterus. — Ed.

† In particular the patient suffers great pain in the loins, a dragging sensation in the inguinal regions and thighs, and a feeling of weight about the fundament and vagina. Polypi of the womb also frequently bring on hemorrhage, and, after a time, a discharge of mucus, or of a more or less fetid sanies from the vagina. Their pressure on the rectum sometimes interferes with the passage of the feces, and obstinate constipation is the result. Like other organic diseases of the womb, they most frequently form about the critical age, that is to say, between the ages of thirty-eight and fifty. Sometimes the surface of these tumours is smooth, and their substance dense and compact; in other instances, their surface has the irregularity of a fungus, and their consistence is soft. In many cases fibro-cellular tumours of the uterus are not single; so that, after the removal of one, another, frequently quite unsuspected, is yet left in the cavity of the uterus, which continuing to grow, and maintain local and general disturbance in the system, with hemorrhage and other kinds of discharges, may ultimately lead to fatal consequences. Sometimes, indeed, uterine polypi, on being drawn down into the vagina with forceps, present a greyish-purple gangrenous appearance, the disorganisation being occasionally superficial and of small extent, but sometimes deep, and affecting the greater portion of the whole mass. So long as the patient has a reddish or a white mucous discharge, there is no fœtor; the tumour is every where uniformly firm; and, if examined with a speculum, it has the appearance of a white or pink coloured smooth substance. But when the disease is

They are of all sizes, and of various degrees of hardness, from that of a soft and yielding sponge to that of firm and substantial leather. Though they commonly grow from the fundus of the uterus, they have sometimes been found to sprout from its sides, and even its cervix, shooting down to different depths of the vagina, and occupying it more or less completely according to their extent. They are generally round in shape and compact in structure, intersected by membranes running in different directions. Sometimes, however, they are oblong, in which case they usually consist of a loose irregular texture, with numerous interstitial cavities. Dr. Baillie has given various examples of this diseased production, in his tables of Morbid Anatomy.*

They have been attempted to be removed in different ways, as by caustics, excision, laceration, and ligature. The last, however, is the only method unaccompanied with danger or uncertainty.† Yet even this can rarely be had recourse to, while the excrescence continues in the womb; and hence, the usual method is to defer the operation till, from its increase of size and weight, it has descended into the vagina, when the removal cannot be attempted too soon. They have sometimes dropped off spontaneously, the peduncle having probably decayed or shrivelled away.‡

GEN. VI.

SPEC. V.

Edoptosis
polyposa.Of all sizes
and various
consistencies.

Shape.

Mode of
treatment.

attended with a sanious discharge, the fœtor is intolerably offensive -- the stench of gangrene; and if the parts are examined, the mass has a softness and a fungous look, proportioned to the duration of those symptoms. It is also at this period that the constitution begins to suffer serious impairment; the skin acquiring a sallow colour, and the patient becoming hectic and emaciated, without either appetite or sleep, and life getting into a state of urgent danger. — ED.

* See especially Fascic. c. ix. plate iv. 1.

† Dupuytren has renounced the ligature, on account of the difficulties of applying it, and its not including the whole root of the swelling, so that the disease generally recurs, and the patient's grievances partly continue unrelieved. He has observed, also, that though the patient may go on well for two or three days, a most offensive discharge then commences, arising from the sloughing of the tumour, and a fatal constitutional derangement ensues, attended with violent inflammation of the uterus and its appendages, and even of the peritonæum. All these evils Dupuytren refers to the passage of putrid matter into the circulation; and he declares that he has never known them follow the treatment by excision, which is also much less painful than that by ligature. The application of the latter is also said to be more liable to bring on uterine phlebitis. According to Dupuytren, the risk of hemorrhage from dividing the pedicle with scissors has been magnified beyond all truth. After two hundred operations of this kind performed by him, there were only two instances of profuse bleeding, which was also readily stopped by plugging up the vagina. (See *Leçons Orales de Clinique Chir.*, tom. iii. p. 450.) Velpeau has performed the excision of eight uterine polypi, without any trouble from the bleeding. Dupuytren, Lisfranc, Velpeau, and all the best Parisian surgeons, prefer scissors to a bistoury for the division of the pedicle. The tumour is first brought down sufficiently low, partly with hook forceps, and partly by the patient's own efforts; and then the pedicle is cut through. The descent of polypi is facilitated by the moveableness or yielding of the uterus; and in consequence of their fibrous texture, the forceps generally has a sufficient hold upon them for the purpose in view. — ED.

‡ The spontaneous detachment of uterine polypi by gangrene of the pedicle is so rare, that Baron Dupuytren has seen only one example of it in the whole course of his practice. (See *Leçons Orales de Clinique Chir.*, tom. iii. p. 438.) When it does happen, the entire pedicle is hardly ever destroyed, so that the element for a reproduction of the tumour remains, keeping up also various inconveniences, which, under these circumstances, are usually experienced. Du-

GEN. VI.

SPEC. V.

Ædoptosis
polyposa.

Cauliflower
excrescence.

Cause.

There is also a variety of excrescence, which should not be passed without notice, and which from its peculiar form and feel is called the cauliflower excrescence. It arises usually from the surface of the mouth of the uterus, and spreads into the vagina, rarely or never into the cavity of the womb. To the finger it seems to be a portion of placenta, and consists of a mass of distended blood-vessels surrounded by a membrane, through which oozes profusely the serous part of the blood, and scarcely ever, except when severely handled, the red globules. The tumour is not tender, nor very sensible. The quantity of discharge is in proportion to the size of the tumour and the action of the uterine vessels. As the disease advances, the system becomes weakened generally, dyspepsy taking the lead, and dropsy closing the scene.

The cause is seldom ascertainable. While the excrescence is small it has often been successfully attacked by local bleedings which empty the vessels, by astringent injections, plugging up the vagina, and tightly bracing it with bandages carried round the loins.*

puytren admits, however, that certain fibrous polypi are detached without any gangrene of their roots: these grow directly beneath the internal membrane of the womb, and scarcely do they begin to protrude beyond the cervix uteri, when, their external covering being very thin, they burst, and after occasioning some bleedings, drop off spontaneously. — Ed.

* Observations on the Diseases of Females, &c. By Ch. Mansfield Clarke. 8vo. 1821.

CLASS V. GENETICA.

ORDER III. CARPOTICA.

DISEASES AFFECTING THE IMPREGNATION.

THE ordinal term CARPOTICA is derived from καρπός, “fructus,” whence καρπώσις, “fruitio.”

CLASS V.
ORDER III.

In the Physiological Proem to the present Class, we have taken a brief survey of the laws and general process of generation, so far as we are acquainted with them. Impregnation constitutes a part, and the most important part, of this wonderful economy; and, from the changes that the body undergoes during its action, it can never be surprising that it should often give rise to various diseases. These diseases may be arranged under four genera, including those which occur during the progress of pregnancy; those which occur during the progress of labour; conceptions misplaced; and spurious attempts at conception; the whole of which may be thus expressed:—

Origin of
generic term.
Genera of
diseases accom-
panying im-
pregnation.

- | | |
|-------------------|-------------------------|
| I. PARACYESIS. | MORBID PREGNANCY. |
| II. PARODYNIA. | MORBID LABOUR. |
| III. ECCYESIS. | EXTRA-UTERINE FETATION. |
| IV. PSEUDOCYESIS. | SPURIOUS PREGNANCY. |

In the preceding Physiological Proem, we have shown that, in order for impregnation to take place, it is necessary the semen of the male should pass from the vagina to the one or other of the ovaries by means of the Fallopian tubes, which lay hold of the uterus by their very fine and sensible fimbriæ, or fringed extremities, with a sort of spastic grasp during the high-wrought shock of the embrace, and thus alone open a pathway for the semen to travel in.

Physiological
principles ex-
planatory of
impregnation.

The two ovaries are not merely intended to supply the place of each other, in the event of one being wanting or defective, but, like the testes in men, they seem to increase the extent of the productive power, and enable a female to bear a larger offspring than she would do if she were possessed of one ovary alone. Mr. John Hunter has put this to the test by comparing the number of young produced by a perfect sow, with those of a sow spayed of one ovary, both of the same farrow, and impregnated by a boar of the same farrow also. The spayed sow continued to breed for four years, during which period she had eight farrows, producing a total

Use of a pair
of ovaries in
increasing the
productive
power in
quadrupeds.
Illustrated
from J. Hunter.

CLASS V.
ORDER III.
Carpotica.

of seventy-six young. The perfect sow continued to breed for six years; during the first four of which she also had eight farrows, producing a total of eighty-seven young; and, during the two ensuing years, she had five more farrows, producing a total of seventy-five young, in addition to those of the first four years.* So that, if we may judge from this single experiment, the use of two ovaries, in equal health and activity, enables an animal to breed both more numerous, and for a longer period of time, than the possession of one alone.

This case does not seem equally applicable to women.

Among women, however, the extent of fecundation does not seem to be much interfered with by the defect of a single ovarium, or its means of communication with the uterus, according to a paper of Dr. Granville, read before the Royal Society, April 16. 1813, containing the case of a female, whose uterus was found after death to have had but one set of the lateral appendages, and, consequently, a connection with but one ovarium, and who, nevertheless, had been the mother of eleven children, several of each sex, with twins on one occasion.

After impregnation the womb closed by a septum: and hence no possibility of superfetation.

After impregnation has taken place, the membranes produced in the uterus form a complete septum, and, consequently, a bar to the ascent of any subsequent flow of semen, so as to prohibit the possibility of two or more successive impregnations co-existing in any part of the uterus during the period of a determined gravidity. Children, indeed, have been born within a few weeks, or even months, of each other, and hence a colour has been given to the hypothesis, that they may be conceived at different periods of a common parturition, and such births have, in consequence, been distinguished by the name of SUPERFETATIONS; but we shall have occasion hereafter, when treating of a plurality of children, to show that it is far more probable, that fetuses thus born in succession, however they may vary in size or maturity, are real twins, conceived at one and the same time, from the descent of a plurality of ovula into the uterus, instead of a single one, and that the difference of size or maturity depends upon some unknown cause in the dead or puny fetus, which has killed it or prevented its keeping pace with the other. If, however, a second connection take place within a few hours of the first, and before the occluding membrane produced on impregnation be formed, a twin may be the result of this additional coition; but the fetuses will in such case be parallel in their progress to perfection. M. Bouillon has given a curious example of this in a negress, who, at the usual time of pregnancy, was delivered of two male children full grown, and of like proportions, but the one a negro and the other a mulatto. The mother, after long resistance, confessed that she had had connection *the same evening* with a white and with a negro.†

Superfetation.

Hence children born within a few months of each other real twins conceived at the same time.

Difference of kind of birth accounted for.

Superfetation may occur in certain circumstances.

* Animal Economy, p. 157.

† Bulletin de la Faculté et de la Société de Médecine, &c. No. iii. 1821. This I presume to be the case originally published by Buffon. In Dr. Ryan's instructive treatise on Midwifery, Dr. Moseley is stated to have related a similar case. Dr. Maton published in the Trans. of the College of Physicians, vol. iv., an example, in which a woman brought forth a healthy infant, and in three calendar months another, apparently at the full time. Desgrange relates a case, in which a woman was delivered of a second healthy child, five months and sixteen days after the first; and her husband had had no intercourse with her for sixteen days

Women are in general capable of breeding as soon as they begin to menstruate, which is the ordinary proof that the organs of conception are fully developed and perfected: and since this discharge, as we have remarked in the Proem just referred to, commences sometimes in very early life, and particularly in hot climates, where it has occurred in girls of not more than nine years of age, so we have instances of conception and pregnancy having commenced as early. Baron Haller* and Professor Schmidt† concur in examples of pregnancy at nine years old: and the medical records confirm these singular histories by numerous instances of a like kind.‡

Yet, though menstruation is the ordinary proof that the conceptive powers have acquired a sufficient finish and vigour for their proper function, menstruation itself is not absolutely necessary for impregnation. As there are circumstances that hurry on this secretion before its ordinary term of appearance, there are others that delay it, insomuch that some women pass through a long life without menstruating at all, while others only begin after reaching an adult age, and others again not till the period in which it usually ceases. Now, it may happen, that a woman, whose peculiar habit produces a retardation of menstruation, may marry before this secretion takes place for the first time; and as we have just observed, that she is able to breed as soon as ever she is able to menstruate, the former process may anticipate the latter, and postpone it till the term of pregnancy has been completed. “A young woman,” says Sir Everard Home, “was married before she was seventeen, and, although she had never menstruated, became pregnant: four months after her delivery, she became pregnant a second time; and, four months after the second delivery, she was a third time pregnant, but miscarried: after this she menstruated for the first time, and continued to do so for several periods, and again became pregnant.”§

There is much difference of opinion as to the period of pregnancy in the human female; for, while other animals seem to observe great punctuality upon this subject, we meet with so many and such considerable varieties in women, that legislators as well as physicians have not agreed in assigning a common term. Hippocrates rules it, that we should admit the possibility of a child being born at ten months, but not later||, which is the common term assigned in the book of the Apocrypha entitled Wisdom of Solomon¶; while Haller gives references to women, who are said to have gone not only ten, but eleven, twelve, thirteen, and even fourteen months; most of which, however, are of a suspicious kind. Twelve months, nevertheless, is a term allowed by many physicians,

CLASS V.
ORDER III.
Carpotica.

Women capable of breeding as soon as they menstruate: and hence sometimes of breeding at nine years of age.

Illustrated.

Menstruation not absolutely necessary for impregnation, and why.

Exemplified.

Difference of opinion concerning the exact term of female pregnancy in the judgment both of legislators and physicians.

after her confinement: both children lived. See Ryan's Manual of Midwifery, p. 149. Lond. 1828. — Ed.

* Vide Blumenbach, Bibl. i. p. 558.

† Act. Helvet. iv. 162.

‡ Eph. Nat. Cur., Dec. III. ann. II. obs. 172.

§ Phil. Trans. 1817, p. 258.

|| According to Dr. Ryan, instances are recorded by Hippocrates, Pliny, Galen, Aristotle, Avicenna, and others, in which pregnancy continued for eleven, twelve, and thirteen months. Op. cit., p. 168. — Ed.

Chap. VII. 2.

CLASS V.
ORDER III.
Carpotica.

May extend to twelve months according to some: and under what circumstances.

This view of the case probably a mistaken one.

Explained.

In what sense a child said to be born after three years of pregnancy.

In the Code Napoleon 300 days.

Question of the Banbury peerage.

How different periods established by different legislators.

Child may be legitimate at five months, as determined by the faculty of Leipsic.

as what may take place under peculiar weakness or delicacy of health*: and yet, it is most probable, that in all these the mother is mistaken as to the proper time of her conception, and imagines herself to have commenced pregnancy for some weeks, or even months, before it actually takes place. In the Gardner peerage cause, tried before a committee for privileges in the House of Lords in 1825-6, nine calendar months were admitted on both sides as constituting the ordinary ultimate range: but a few singular cases were adduced, in which the pregnancy seems to have been protracted at least a month later. So that in such anomalies something, and not a little, must be allowed to moral reputation. The state of menstruation affords no full proof; for, as conception may occur without its appearance, so it may continue for many months, or even during the whole term of pregnancy, though most commonly in a smaller quantity than usual. There is a singular case in the *Histoire de l'Académie des Sciences*, of a living child, born after what is said to have been three years of pregnancy.† Few reports of this kind are worth attending to, or entitled to any kind of explanation: but it has sometimes happened, and probably did so in this last case, that a woman conceits herself to be in a state of pregnancy, and has various symptoms that simulate it, for a twelvemonth, or considerably more than a twelvemonth, and particularly towards the cessation of the catamenia, instances of which we shall have occasion to notice under the fourth genus of the present order, entitled PSEUDOCYESIS or spurious pregnancy: and if, after such a simulation continued for a year or two, the woman should fall into a state of real pregnancy, she may persuade herself, at the close of the process, that she has been pregnant for the whole of this time.

By the Code Napoleon, the legitimacy of a child born three hundred days after a dissolution of marriage, may be questioned. In our own country, the law is to this hour in an unsettled state; and much nicety of argument has frequently taken place; of which an example was afforded in the famous question of the Banbury peerage, upon a new-raised distinction of access and generative access. There can be no doubt, however, that a considerable difference in duration may ensue from the state of the mother's health; for, as the fetus receives its nourishment from the mother, there is a probability, that various deviations from health may retard the maturity of the fetus. And it is, probably, on this account that different legislators have assigned different periods of legitimacy; one of the shortest of which is that determined upon by the faculty of Leipsic, who have been complaisant enough to decide that a child, born five months and eight days after the return of the husband, may be considered as legitimate; and that a fetus at five months is often a perfect and healthy child‡: while the Prussian civil code declares that an infant,

* Büchner, *Miscell.*, 1727, p. 170. Enguin, *Journ. de Méd.*, tom. lxi. Brambilla, *Abhandl. der Joseph. Acad. Brand.* i. p. 102. Telmont de St. *Journ. de Méd.*, tom. xxvii. Ploucquet, *von den Physischen Erfordernissen der Erbfähigkeit der Kinder*, p. 69. Treb. 8vo. 1778.

† *Hist. de l'Académie des Sciences*, 1753, p. 206.

‡ On the contrary, Dr. Beck is of opinion, that if a mature child be born before the seventh month after connection, it ought to be considered illegitimate.

born three hundred and two days after the death of the husband, shall be considered legitimate.

In the ordinary calculation of our own country, the allowed term does not essentially differ from that in the Code Napoleon: for it extends to nine calendar months, or forty weeks; but, as there is often much difficulty in determining the exact day between any two periods of menstruation in which semination has taken effect, it is usual to count the forty weeks from the middle of the interval before it ceases; or, in other words, to give a date of forty-two weeks from the last appearance of the menses: and at the expiration of this term, within a few days before or after, the labour may confidently be expected.

In the progress of pregnancy, the size and figure of the uterus, as well as its position, change considerably. In an adult and unimpregnated female, its length is about two inches and a half; its thickness one inch; its breadth at the fundus something less than its length; and, at the cervix, about two lines. Before the end of the third month, it has a tendency to dip towards the pelvis, at which period it may be felt to ascend: during the seventh month, it forms a line with the navel: in the eighth month, it ascends still higher, reaching midway between this organ and the sternum; and, in the ninth, it almost touches the ensiform cartilage; at the close of which, as though overwhelmed by its own bulk, it begins again to descend, and shortly afterwards, from the irritation produced by the weight of the child, or, more probably, from the simple law of instinct, it becomes attacked with a series of spasmodic contractions extending to the surrounding organs, which constitute the pains of labour, gradually increase in strength, enlarge the mouth of the organ, and protrude the child into the world.

The size of the child at this time varies considerably in different individuals; and seems indeed to exhibit some diversity in different countries. Dr. Hunter, from observations made on some thousands of new-born and perfect children in the British Lying-in Hospital, found that the weight of the smallest was about four pounds, and of the largest eleven pounds two ounces, ordinarily however varying from five to eight pounds: whence, as also from his own observations, Dr. Clarke has calculated the average weight at seven pounds five ounces and seven drachms for male children, and six pounds eleven ounces and six drachms for female.* Dr. Merriman; however, gives one instance, in which the weight reached fourteen pounds; and Sir R. Croft another, in which it reached fifteen pounds. On the Continent, the standard weight seems to be considerably less, for M. Camus reckons it at not more than from five to seven pounds for France, and M. Roederer at from five pounds to six pounds and a half for Germany. And, consistently with this diminished scale, M. Camus tells us, that out of fifteen hundred and forty-one children examined by himself, the

CLASS V.
ORDER III.
Carpotica.

Ordinary calculation of time in Britain, nine calendar months or forty weeks.

Figure and position of uterus during pregnancy at different periods.

Closing with labour-pains.

Size and weight of a healthy child at this time.

Has reached fourteen and fifteen pounds. Standard weight apparently less on the Continent than in Great Britain.

(See Ryan's Manual of Midwifery, p. 160.) Dr. Duncan, jun., of Edinburgh, considers the decision in the Gardner peerage case to have been incorrect. See Edin. Med. Journ., vol. xxvii. — Ed.

* Phil. Trans., vol. lxxiv.

CLASS V.
ORDER III.
Carpotica.

At what age
of premature
labour it may
live.

In natural
pregnancy and
strong health,
little suffering;
and in natural
labour, little
danger.

But danger
may arise from
numerous cir-
cumstances.

Limited scope
intended by
the author in
describing the
diseases hence
ensuing.

greatest weight was not more than nine pounds, of which there were only sixteen instances; while at the Hospice de la Maternité at Paris, out of twenty thousand perfect births, a few only have reached ten pounds and a half, and none exceeded it.* At this time the standard length of the skeleton, according to M. Beclard, is eighteen inches, that of the spine seven inches and a quarter; the former, at three months from conception, being only six inches, and the latter two inches and two-thirds.

If the fetus be born before the completion of the seventh month, it has but a slender chance of surviving; but, there are a few well-authenticated instances of its living when born earlier. Thus Dr. Norman gives a very satisfactory narration of a child born in 1815, at Paisley, between the fourth and fifth month†; and Fortunis Liceti, who died at the age of twenty-four, is affirmed by Capuron to have been born at as early a period of pregnancy.

In natural pregnancy, a strong hearty woman suffers little, considering the great change which many of the most important organs of both the thorax and abdomen are sustaining; and in natural labour, though the returning pains are violent for several hours, there is little or no danger. But numerous unforeseen circumstances may arise from the constitution of the mother, the shape of the pelvis, the figure or position of the child, to produce difficulty, danger, and even death.

In describing the diseases which appertain to the whole of this period, it is not the author's design to do more than to take a general pathological survey, so as to communicate that kind of knowledge upon the subject which every practitioner of the healing art should be acquainted with, even though he may not engage in the obstetric branch of his profession. The minuter and more practical parts, and especially those which relate to the application of instruments, and the mechanical means of assistance, must be sought for in books and lectures expressly appropriated to this purpose, with which it is not his intention to interfere.

* Medical Jurisprudence, by J. Paris, M. D., and J. S. M. Fonblanque, Esq., Barrister at Law, vol. ii. p. 101.

† Edin. Med. and Surg. Journ., vol. xi.

GENUS I.

PARACYESIS.

MORBID PREGNANCY.

THE PROGRESS OF PREGNANCY DISTURBED OR ENDANGERED BY
THE SUPERVENTION OF GENERAL OR LOCAL DISORDER.

THE generic term is derived from *παρὰ*, “malè,” and *κύσις*, “graviditas.” The genus will conveniently embrace the three following species, according as the general system, or organs distinct from those immediately concerned, are disturbed; as the sexual organs themselves are disturbed; or as the fruit itself is disturbed and extruded prematurely: —

GEN. I.
Origin of
generic term.

- | | |
|---------------------------|--|
| 1. PARACYESIS IRRITATIVA. | CONSTITUTIONAL DERANGEMENT OF PREGNANCY. |
| 2. ————— UTERINA. | LOCAL DERANGEMENT OF PREGNANCY. |
| 3. ————— ABORTUS. | MISCARRIAGE. ABORTION. |

SPECIES I.

PARACYESIS IRRITATIVA.

CONSTITUTIONAL DERANGEMENT OF
PREGNANCY.

PREGNANCY EXCITING DISTRESS, OR DISTURBANCE, IN OTHER
ORGANS OR FUNCTIONS THAN THOSE PRIMARILY CONCERNED.

THE new condition of the womb operates upon the whole, or different parts, of the system in various ways. We have frequently had occasion to observe, that there is no organ whatever which exercises a more extensive control over the entire fabric than the uterus, with the exception of the stomach; and hence many parts are affected by sympathy during its new action, and particularly the brain and the whole of the nervous function. But its change of shape, bulk, and position operates mechanically on other organs, and frequently produces serious mischief by pressure or irritation: these organs are chiefly the stomach itself, the lungs, the intestinal canal, and the veins of the legs. And hence the evils resulting from these causes may be contemplated under the following varieties: —

GEN. I.
SPEC. I.

Various organs
affected directly
or indirectly by
the new state
of the womb:

whence the
following
varieties:

- α Systatica.
- Accompanied with faintings, palpitations, convulsions or other direct affections of the nervous system.

GEN. I.
SPEC. I.
 α P. irritativa
systatica.

β Dyspeptica.

γ Dyspnoica.

δ Alvina.

ε Varicosa.

Accompanied with indigestion, sickness, and headach.

Accompanied with difficult breathing, and occasionally a cough.

Accompanied with derangement of the alvine canal, as costiveness, diarrhœa, or hemorrhoids.

Accompanied with venous dilatation of the lower extremities.

Nervous system sympathises at all times with the sexual organs; but particularly in delicate habits, and on what account: predisposing to palpitation, syncope, and convulsions.

Palpitation often an effect.

Description of its course, which is frequently irregular.

Pulsatory action sometimes confined to the heart, sometimes alternates with the larger arteries.
Illustrated.

That the nervous system should often suffer severely, and in various ways, during pregnancy, will not appear singular to those who have attended to the remarks we have already made concerning the close chain of sympathy that prevails between the brain and the sexual organs, from the time of the first developement of the latter to their becoming torpid and superannuated on the cessation of the catamenia. But in delicate habits, in which these nervous affections chiefly occur, there is another cause, which is even more powerful than the preceding: and that is, the demand of an additional supply of sensorial power in support of the new process, and, consequently, an additional excitement and exhaustion of the sensorium, persevered in without intermission, and increasing from day to day. This excitement and exhaustion necessarily produce weakness; and, of course, an irregularity in the distribution of the sensorial energy; hereby predisposing alike to palpitation of the heart, clonic spasms, and convulsions, according to the law of physiology laid down under the genus CLONUS.* Fainting, as has also been previously shown under the genus SYNCOPE†, is dependent upon the same deficiency of action, rendered more complete, or more protracted in duration.

PALPITATION, in the case before us, is rarely attended with danger, but is often a most distressing symptom. It returns irregularly in the course of the day or night, but particularly after a meal, and very frequently on first lying down in bed. In the capricious state of the nervous system at this time, its return after meals does not seem to be so much dependent upon the nature of the food as upon the state of the stomach at the moment: it has recurred after a light and plain dinner, and been quiet after a more stimulant dinner; and then for a few days has been most severe after the latter, and least so after the former. For a short time, the digestion has gone on tranquilly under both, and then again excited palpitation, and perhaps in an equal degree under both; nor has a total abstinence from solid animal food afforded any relief. The pulsatory action is sometimes confined to the heart, sometimes alternates with the cœliac or some other arterial trunk in the abdomen, and sometimes with the temporal arteries. Not long ago, the author was occasionally consulted by a lady, then in her sixth month, who had been most grievously afflicted with this affection from the time of her beginning to breed, and who then continued subject to it till her confinement. None of the antispasmodics afforded much, if any, relief; camphor, in large doses, was found the best palliative; the narcotics were all tried in vain; opium maddened the head, and threw out a most distress-

* Vol. III.

† Id.

ing lichenous rash. The paroxysms usually continued from two to six or eight hours. Other irritations produced it, as well as those of the stomach, and especially any sudden emotion of the mind.

GEN. I.
SPEC. I.
α P. irritativa
systatica.

SYNCOPE or fainting occurs during any period of pregnancy, but chiefly in the stage of the first three months, and especially about the time of quickening. After this period, the general frame acquires a habit of accommodation to the change that has taken place, and is less easily affected. It is ordinarily produced by more than usual exertion, exposure to heat, or any sudden excitement of the mind. It is sometimes of short duration, and the patient does not lose her recollection; but, in other instances, it continues for an hour or upwards. A recumbent position, pungent volatiles, sprinkling the face with cold water, and a free exposure to air, with a moderate use of cordials, offer the speediest means of recovery. The extremities, however, should be kept warm, and the friction of a warm hand be applied to the feet.

Syncope or fainting often an effect.
Course and description.
Exciting causes.

One of the worst ailments that ever accompanies the process of gestation is that of CONVULSIONS. They may occur at any period of this process, and their exciting causes are not always manifest. The predisposing causes are, a general weakness or irritability of the nervous system, a constitutional tendency to epilepsy, or any other clonic spasm, and entonic plethora. In all these cases, there is a double danger; for we have to dread apoplexy from a rupture of blood-vessels in the head; and abortion, or premature labour, from an extension of the spasmodic action to the uterus. No time, therefore, is to be lost, and the remedial process must be as active as it is instant.

Remedial treatment.

Convulsions often an effect.
Cause.

Bleeding must be had recourse to immediately, as well in the atonic as in the entonic form of the disease. In the first, indeed, it is of itself an evil, for it will add to the general weakness; but, as there is already, or, by a repetition of the fit, will unquestionably be, a considerable determination to the head, and more especially as the vessels in an atonic and relaxed frame yield easily as well to anastomosis as to rupture, it will be a far greater evil to omit it. The quantity of blood, however, that it may be advisable to abstract, must be determined by the concomitant symptoms, so far as they relate to the head. Generally speaking, in weakly habits, the head is only affected secondarily, or by sympathy with the irritation of the uterus, where convulsions make their appearance; and hence bleeding, in such cases, is to be employed rather as a prophylactic than as an antidote: and it may be sufficient to confine ourselves to the operation of cupping; at the same time opening the bowels by an adequate repetition of some laxative. After this, opium must be chiefly trusted to, if the spasms still continue: and, on their subsidence, or in their interval, the metallic tonics should be introduced, with the warmer bitters.

Medical treatment.
Bleeding in all cases, entonic or atonic, and why; but the quantity of blood abstracted to vary according to circumstances.

Where, however, the constitution is robust, and the convulsions have been preceded, as is often the fact in this case, by a tensive or even heavy pain in the head, vertigo, illusory coruscations before the eyes, or illusory sounds in the ears, the encephalon is itself the immediate seat of the disease, and the bleeding, even in the first instance, should be followed up to fainting, or, at least, till twenty ounces are drawn away, which it will frequently be

In weakly habits sometimes cupping alone.
Opium afterwards.
In strong habits bleeding should be pursued to fainting:

and sometimes repeated.

GEN. I.

SPEC. I.

α *P. irritativa*
systematica.

Jugular vein
the best.

Frigid ap-
plications.

Aperients.

Opium to be
abstained from,
at least till the
system is re-
duced.

If palsy follow,
often continues
through the
pregnancy.

β *P. irritativa*
dyspeptica.

Their cause,
progress, and
the cessation of
many of them.

Moderate vene-
section or
leeches to the
epigastrium.

Gentle laxatives
and cooling
regimen.

Vomiting sel-
dom produces
evil, though
sometimes
endangers
miscarriage.

γ *P. irritativa*
dyspnoica.
Symptoms
described.

necessary to repeat within twenty-four hours afterwards; and, if the practitioner be a skilful operator, it will be better to abstract the blood from the jugular vein, as the good effect will be sooner felt. The hair should be shaved from the head, and ice-water or other frigid lotions be applied, and very frequently renewed. The bowels must at the same time be purged vigorously, and dilute farinaceous food constitute the whole of the diet. Opium should be abstained from, at least till the general strength is reduced to an atonic state, when, if the paroxysms should still return, it may be had recourse to, in conjunction with antimonial powder, or some other relaxant.

When, in despite of all this treatment, apoplexy has taken place, and is followed by a palsy of a particular organ, or of an entire side, it will often be found, that the paralytic affection will continue through the whole course of the pregnancy, and entirely disappear afterwards.

SICKNESS, HEARTBURN, and other symptoms of INDIGESTION, are still more common affections than those of the nervous system we have first noticed. These are chiefly troublesome in the commencement of pregnancy, and evidently prove, that they proceed, not from any mechanical pressure, either direct or indirect, against the coats of the stomach, but from mere sympathy with the new and irritable state of the uterus: for, as the novelty of this state wears away, and the stomach becomes accustomed to it, the sickness and other dyspeptic symptoms subside gradually, and are rarely troublesome, even when, in the latter months of pregnancy, the uterus has swollen to its utmost extent, from a length of three inches to that of twelve, and has risen nearly as high as the sternum.

The headach, which occurs as a dyspeptic symptom, is of a very different kind from that we have just noticed, and is rarely relieved by very copious bleedings; though the whole of these symptoms are occasionally mitigated by a loss of eight or nine ounces of blood from the arm, or the application of leeches to the epigastric region, as recommended by Dr. Sims and M. Lorentz. Cloths wetted with laudanum, and applied to the pit of the stomach, have also been found serviceable in various cases; but the most efficacious means consist in the employment of gentle laxatives and a very light diet, to which may be added the use of the aerated alkaline waters or saline draughts, in a state of effervescence.

The fluid, discharged from the stomach on these occasions, is usually limpid, thin, and watery: but, where there is much straining, a little bile is thrown up at the same time. It is rarely that this kind of vomiting produces any serious evil; though, when it has become very obstinate, as well as severe, it has sometimes endangered a miscarriage. The other symptoms of dyspepsy usually cease with this, and are rather disquieting, than sources of any degree of alarm. They may often be palliated by some of the means recommended under LIMOSIS, CARDIALGIA and DYSPEPSIA.

The chief symptoms of DYSPNŒA that become troublesome during pregnancy, are occasional fits of spasmodic anhelation. These are mostly common to those, whose respiratory organs are naturally weak, or who are predisposed to hysteria. The paroxysms are of short duration, and usually yield with ease to the warmer

sedatives and antispasmodics. A dry and troublesome cough, however, is sometimes combined with this state of the chest, that, if violent, endangers abortion, and has occasionally produced it. Bleeding will here also be advisable as the first step in the curative process. Eight ounces of blood will suffice; but the depletion must be repeated at distinct intervals, if the cough should continue unabated. Gentle laxatives should succeed to the bleeding, and be persevered in as the bowels may require. And to these may be added mucilaginous demulcents, united with such doses of hyoscyamus, conium, or opium, as are found best to agree with the state of the constitution. There is little danger, nevertheless, of this cough terminating in consumption, however troublesome and obstinate it may be in itself, for it is rarely that two super-added actions go forward in the constitution at the same time: and hence, whenever pregnancy takes place in a patient labouring under phthisis, the progress of the latter disease is arrested till the new process has run its course.

DERANGEMENTS OF THE ALVINE CANAL, under some modification or other, accompany most cases of pregnancy, are often very distressing, and by their irritation sometimes hasten on labour-pains before their time.

These affections are of two very opposite kinds. In some instances, the intestines participate in the irritability of the uterus, the peristaltic action is morbidly increased, and there is a troublesome diarrhœa. In others, the larger intestines appear to be rendered torpid, partly by the share of sensorial power which is taken from them in support of the new action, and partly by the pressure of the expanding uterus on their coats. In both cases, piles are a frequent attendant, but particularly in the last.

The diarrhœa varies in different individuals, from a looser flow of proper feces to a muculent secretion, or a dejection of dark-coloured offensive stools, accompanied with a foul tongue and loss of appetite. The first modification requires no remedy, and may be safely left to itself. The second and third import a morbid action of the excretories of the intestines, and are best relieved by small and repeated doses of rhubarb with two grains of ipecacuan to each*, and afterwards by infusions of cascarilla, orange-peel, or any other light aromatic bitter.

The costiveness must be carefully guarded against by such aperients as are found upon trial to agree best with the bowels. Where acidity in the stomach is suspected, magnesia may be employed, and will often prove sufficient: but where this does not exist, the senna electuary, the sulphate of magnesia, or castor oil, will be found to answer much better. The piles will usually disappear as soon as the bowels are restored to a current state: and, if not, they should be treated according to the plan already laid down under PROCTICA MARISCA.†

VARICOSE DILATATIONS of the veins of the lower extremities are a frequent, though not often a very troublesome, accompaniment of pregnancy. They are chiefly found in women whose occupation obliges them to be much on their feet. Where the affected veins are first perceived to enlarge, the varicose knots may

GEN. I.
SPEC. I.
γ P. irritativa
dyspnoica.
Mode of
treatment.

If there be
cough, it rarely
terminates in
consumption,
and why.

δ P. irritativa
alvina.

Diarrhœa.
Costiveness.

Treatment of
diarrhœa.

Treatment of
costiveness.

ε P. irritativa
varicosa.

How to be
palliated.

* Burns, Principles of Midwifery, p. 154.

† Vol. I. p. 308.

GEN. I.
SPEC. I.
ε *P. irritativa*
varicosa.

May be
complicated
with abdominal
dropsy.

generally be prevented by exchanging the accustomed erect position for a recumbent one, and using the legs but little. Where the varices are actually formed, the legs may be covered with a bandage drawn only with such moderate pressure as to afford gentle support; for, if carried beyond this, we shall only endanger a worse congestion in some other part, not equally guarded against. For the rest, the reader may turn to *EXANGIA VARIX*, in a preceding part of this work.*

Pregnancy may also take place during the existence of abdominal dropsy, or even give rise to it, and the general pressure and enlargement may be so considerable as to threaten suffocation. The ascites will be hereby considerably complicated; but its mode of treatment will be best considered under the latter disease. †

SPECIES II.

PARACYESIS UTERINA.

LOCAL DERANGEMENT OF PREGNANCY.

PREGNANCY DISTURBED OR ENDANGERED BY SOME DISEASED AFFECTION OF THE UTERUS.

GEN. I.
SPEC. II.
General
changes pro-
duced in the
uterus during
gestation,

and occasional
ailments to
which they
lead.

In the progress of this work, we have seen that, on the commencement and through the course of impregnation, the periodical secretion of the uterus is suspended; that the organ gradually enlarges from its ordinary size, till, in the ninth month, it measures ten or twelve inches from top to bottom; and that, in the course of this enlargement, it changes its position, according to a law that is never departed from in a state of health.

In a state of morbid action, however, or from some accidental injury, the uterus does not always maintain its proper position, nor abstain from throwing forth not only its ordinary and natural secretions, but other fluids of a morbid character; and hence becomes subject to several varieties of affection, of which it may be sufficient to notice the following:—

α Retroversa.	Retroversion of the uterus.
β Leucorrhœica.	The uterus secreting, or exciting in the vagina a secretion of, leucorrhœa, so as to produce debility.
γ Catamenica.	The catamenia continuing to recur.
δ Hæmorrhagica.	Accompanied with hemorrhage.

α *P. uterina*
retroversa.
Described.

A RETROVERSION OF THE UTERUS may be produced in various ways, though it is seldom found except in pregnancy, and between the third and fourth month of this state. This organ, notwithstanding its appendages of broad and round ligaments, is still left pendulous in the hypogastrium: and hence, if the fundus or broad and upper part happen, by a scirrhus induration, or pregnancy, or any other means, to acquire a certain bulk and weight,

* Vol. II. Cl. III. Ord. IV. Gen. XI. Spec. II.

† *Infrà*, Cl. VI. Ord. II. Gen. I. Spec. V.

and if at the same time the cervix, or lower and narrow part, be pushed on one side by any accidental force, as that of the bladder when distended, the broad and upper part will tumble downward, while the narrower part ascends and takes its place. It is this which constitutes a retroverted uterus; but as it occasionally occurs under other states than that of pregnancy, we have treated of it already, under the genus *ÆDOPTOSIS UTERI*, where we have stated the mode of treatment to be adopted in the case before us.

LEUCORRHŒA is a result of the increased action excited in every part of the uterus, or of the upper part of the vagina which is inflamed by continuous sympathy. The mucous discharge, denominated leucorrhœa, or whites, appears to be secreted from the lower part of the uterus, and the upper part of the latter organ; and hence any excitement, operating on the fundus of the womb, may be easily conceived, under a particular condition of the cervix of the uterus and the vagina, or of the system generally, capable of producing this secretion in considerable abundance.

When treating of leucorrhœa as an idiopathic affection, we remarked, that where the discharge is excessive it produces considerable debility of the system generally, and of the sexual and lumbar region more particularly; and that when it becomes chronic, it often degenerates into an acrimonious condition, and occasions great disquiet by excoriating the cuticle to a considerable extent.

Both these evils are consequent upon its occurrence in pregnancy, and the first has, occasionally, threatened abortion. They are to be relieved by the remedial process already pointed out under the genus *LEUCORRHŒA*.

A continuance of the *CATAMENIAL DISCHARGE* at the regular periods is also, in many cases of delicate habits, a source of great weakness and discomfort, and sometimes endangers miscarriage or premature labour: in all which instances, it ought to be checked by a recumbent position, and particularly a little before the time in which it may be expected, and by the other means already enumerated under *PARAMENIA SUPERFLUA*. It has sometimes continued, however, in strong and vigorous habits through the whole period of pregnancy without any serious mischief*; though, even here, it has usually been found to produce general debility, and many troublesome dyspeptic symptoms.

Hemman† and several other writers give cases of women who have never menstruated except when in a state of pregnancy: such is the degree of irritation which the secretories of the uterus occasionally demand, in order to be roused into a due performance of their function. So, some persons can only see on a full exposure to a meridian light, and others can only hear when the tympanum is irritated by the noise of a drum or of a carriage, sufficient to deafen all the world around them.

HEMORRHAGE from the uterus is sometimes connected with this irregular return of the periodical discharge; as we have already observed, it is not unfrequently in an unimpregnated state of the organ. In both cases this is usually a consequence of great general debility, and it is hence the more alarming in any period of par-

GEN. I.
SPEC. II.
α *P. uterina*
retroversa.

β *P. uterina*
leucorrhœica.
Description.

γ *P. uterina*
catamenica.
Recurrence of
menstruation a
frequent evil.

In vigorous
habits continues
sometimes
without mis-
chief.

Some have
never men-
struated but in
pregnancy.
Explained.

δ *P. uterina*
hæmorrhagica.
Uterine hemor-
rhage an occa-
sional effect,
often a conse-
quence of great
debility.

* Hagedorn, cent. II. obs. 94.

† Medicinisch-Chirurgische Aufsätze. Berl. 1778. Hopfergärtner, über menschliche Entwicklungen, p. 71. Stutg. 1792.

GEN. I.
SPEC. II.
♂ P. uterina
hæmorrhagica.

turition, as risking the loss of the uterine fruit. In the delicacy of habit we are now contemplating, bleeding would only add to the debility or predisponent cause; and we must content ourselves with the plan already recommended under atonic hemorrhage of the uterus in a prior class and volume.* Where the discharge has been induced by external violence, or a sudden emotion of the mind, venesection will be the best remedy we can have recourse to, and afterwards thirty or five and thirty drops of laudanum in a saline draught, with two or three grains of ipecacuan.

SPECIES III.

PARACYESIS ABORTUS.

MISCARRIAGE. ABORTION.

PREMATURE EXCLUSION OF A DEAD FETUS FROM THE UTERUS.

GEN. I.
SPEC. III.

Miscarriage,
how distin-
guished from
abortion
and premature
labour.

Fetus may live
at seven
months.

Has been born
alive at four;
and continued
alive at five
and six months.

Miscarriage
may occur at
any period.

Sometimes at
three weeks.

Symptoms at
that period.

Abortion in
subsequent
periods consists
of two stages,
separation and
exclusion.

These may be
simultaneous
or remote.

WE have stated, in the introductory remarks to the present order, that the usual term of pregnancy is forty weeks, or nine calendar months. Within this period, however, the fetus may be morbidly expelled at any time. If the exclusion take place within six weeks after conception, it is usually called *MISCARRIAGE*; if between six weeks and six months, *ABORTION*; if during any part of the last three months before the completion of the natural term, *PREMATURE LABOUR*. Among some writers, however, abortion and miscarriage are used synonymously, and both are made to express an exclusion of the fetus at any time before the commencement of the seventh month. At seven months the fetus will often live. It has been born alive, in a few rare instances, at four months†; and has as rarely continued alive when born between five and six months.‡

The process of gestation may be checked, however, from its earliest period; for many of the causes of abortion, which can operate afterwards, may operate throughout the entire term, and hence a miscarriage occurs not unfrequently within three weeks after impregnation, or before the ovum has descended into the uterus. In this case the pains very much resemble those of difficult menstruation; and, with a considerable discharge of clotted or coagulated blood, the tunica decidua passes away alone, having also some resemblance to that imperfect form of it, which we have already noticed as being produced in some cases of difficult menstruation, but exhibiting a more completely membranous structure. And here the ovulum escapes unperceived at some subsequent period, and is probably decomposed and incapable of being traced.

In later periods of pregnancy, abortion consists of two parts or stages; the separation of the ovum from the fundus of the womb, and its expulsion from the mouth. Sometimes these take place very nearly simultaneously, but sometimes several days, or even

* Vol. II. Cl. III. Ord. IV. Gen. II. Spec. II.

† A. Reyes, *Campus Elys.* Quest. 90. p. 1164.

‡ Brouzet, sur l'Éducation Médicinale des Enfants, i. p. 37.

weeks, intervene ; so that the process of abortion may considerably vary in its duration, and become exceedingly tedious. In several cases, I have known the ovum remain undischarged for upwards of six weeks, and, in one case, for three months, after its separation, and consequently after the death of the fetus, comparing its size and appearance with the ascertained term of gestation.

Through the whole of this period, there is an occasional discharge from the vagina, and often temporary disquietudes, and even contractile pains in the uterus. But both are of a very different kind from those which occur antecedently to the separation of the ovum. The first pains are usually sharp and expulsive, with a free discharge of clotting arterial blood ; sometimes, indeed, in an alarming, though rarely a dangerous, profusion : the last are dull and heavy, and the discharge is smaller in quantity, dark and fetid. We may also judge of the detachment of the ovum, and consequently the death of the fetus, by the cessation of those sympathetic symptoms which have hitherto connected the stomach and the mammæ with the action of the uterus ; as the morning sickness, and the increasing plumpness of the breasts, which, not unfrequently, are so stimulated as to secrete already a small quantity of milk. On the separation of the ovum from the fundus of the uterus, all these disappear ; the stomach may be dyspeptic, but without the usual sickness, and the breasts become more than ordinarily flaccid.

The ovum, when at length discharged, comes away very differently in different cases. Sometimes the whole ovum is expelled at once ; but more generally it is discharged in detached parts, the fetus first escaping with the liquor amnii, or descending with its own proportion of the placenta, the maternal proportion following some hours, or even days, afterwards. And, where there are twins, one of the fetuses, naked or surrounded with its membranes, is usually expelled alone, and the other not till an interval of several hours, or even a day or two ; the discharge of blood ceasing, and the patient appearing to be in a state of recovery : so that, in cases of early abortion, it is difficult to determine whether there are twins or not.

The causes of abortion are very numerous ; and some of them are rather conjectured, than fully ascertained. They may depend upon the ovum itself, upon the uterus itself, or upon the uterus as affected by the nature of the maternal constitution, or accidental lesions.*

GEN. I.

SPEC. III.

Paracysis
abortus.

When remote a discharge from the vagina during the interval ; and occasional disquietude and pains : but different from those that precede separation.

Other distinctive symptoms.

Descent of the ovum :

in case of twins.

Causes of abortion of various kinds.

* Abortion, as Dr. Robert Lee observes, is a frequent occurrence in the early months of pregnancy, particularly among women of the lower classes of society, who are exposed to much bodily fatigue and mental anxiety. It is most liable to occur in plethoric, irritable, and nervous subjects ; in women who are affected with constitutional diseases, more especially syphilis ; in those who have deformity of the bones of the pelvis, or some organic disease of the uterine organs. All the chronic diseases, therefore, to which the uterus and its appendages are liable, may be considered causes of abortion. The production of polypi in the cavity of the uterus, or of fibro-cartilaginous tumours in its walls, and morbid adhesions of the uterus to the surrounding viscera, may all, by impeding the regular enlargement of the gravid uterus, give rise to premature expulsion of its contents. But, according to Dr. R. Lee, by far the most frequent cause of abortion is in the product of conception itself, viz. in a diseased condition of the fœtus, or its involucre, by which it is deprived of life, and afterwards expelled from the

GEN. I.
SPEC. III.
Paracyesis
abortus.

Causes depend-
ent upon the
ovum.

Causes depend-
ent upon the
nature of the
uterus.

Causes consti-
tutional or
incidental.

"The imperfections observable in ova," remarks Dr. Denman, "are of different kinds, and found occasionally in every part; and there is usually a consent between the fetus and the shell of the ovum, as the placental part and membranes may be called, but not always. For examples have occurred, in which the fetus has died before the termination of the third month, yet the shell, being healthy, has increased to a certain size, has remained till the expiration of the ninth month, and then been expelled, according to the genius and constitution of the uterus, though frequently it has been found to have undergone great changes, as, for instance, in many cases of hydatids."*

"It is remarkable," says the same author, "that women, who are in the habit of miscarrying, go on in a very promising way to a certain time, and then miscarry, not once, but for a number of times, in spite of all the methods that can be contrived, and all the medicines that can be given; so that, besides the force of habit, there is sometimes reason to suspect, that the uterus is incapable of distending beyond such size, before it assumes its disposition to act, and that it cannot be quieted till it has excluded the ovum. What I am about to say will not, I hope, be construed as giving a licence to irregularity of conduct, which may often be justly assigned as the immediate cause of abortion, or lead to the negligent use of those means that are likely to prevent it. But from the examination of many ova after their expulsion, it has appeared, that their longer retention could not have produced any advantage, the fetus being decayed, or having ceased to grow long before it was expelled. Or the ovum has been in such a state as to become wholly unfit for the purpose it was assigned to answer: so that if we could believe there was a distinct intelligence existing in every part of the body, we should say it was concluded in council, that this ovum can never come to perfection and shall be expelled."†

The causes of abortion of a constitutional or accidental kind are more obvious. They may be internal, and depend upon a relaxed or debilitated state of the system generally, and consequently of the uterus as a part of it; or external, and depend on adventitious circumstances. Violent pressure, as that of tight stays, by preventing the uterus from duly enlarging, is an obvious cause, as is also that of a sudden shock by a fall, or a blow on the abdomen;

uterus like a foreign body. Sometimes the chorion is thickened, opaque, and extremely irregular, or lobulated on its internal surface. In certain cases, the amnios undergoes similar changes. Blood and serum may also collect between these two membranes; and where abortion takes place after the third month, the placenta has sometimes been found much indurated, and of diminutive size, with calcareous matter deposited in its substance. In other instances, the placenta has been unusually large, and its vascular structure converted into a soft fatty substance, or it has contained hydatids. Under these circumstances, the umbilical cord has been remarkably slender, and the fetus has appeared to perish for want of a proper supply of nourishment, and not from any defect in the supply of its internal parts. Various organic diseases of the brain and other viscera of the fetus, by extinguishing its life, make it an extraneous body, for the expulsion of which efforts on the part of the uterus soon commence. See Cyclop. of Pract. Med., art. ABORTION. — ED.

* Practice of Midwifery, 5th edit. p. 508. 8vo.

† Denman, ubi suprà, p. 508.

violent exertion of every kind is a cause not less obvious, as that of immoderate exercise in dancing, riding, or even walking; lifting heavy weights; great straining to evacuate the feces, or too frequent evacuations from a powerful purgative. Violent excitement of the passions, as terror, anxiety, sorrow, or joy. Violent excitement of the external senses by objects of disgust, whether of sight, sound, taste, or even smell; or whatever else tends to disturb or check the circulation suddenly, and hereby to produce fainting, will often prove a cause of abortion.* And when once this affection has been produced, the organs with difficulty recover their elasticity, and it is extremely apt to recur upon the slightest causes. Plater gives us an account of fourteen miscarriages in succession†; Werlhoff, of five within two years‡; and Werloschnig, of not less than eight in a single year.§ Wolfius relates the history of a woman who, in the whole course of her life, suffered twenty-two distinct abortions||; and Schultz, that of another, who, in spite of every remedy, miscarried twenty-three times, and uniformly in the third month, probably from an indisposition in the uterus to become distended further, as suggested by Dr. Denman.

Another, and a very frequent cause, is plethora, and this whether it be from entony or atony. "The uterus," observes Mr. Burns, "being a large vascular organ, is obedient to the laws of vascular action, whilst the ovum is more influenced by those regulating new formed parts; with this difference, however, that new formed parts or tumours are united firmly to the part from which they grow by all kinds of vessels, and generally by fibrous or cellular substance, whilst the ovum is connected to the uterus only by very tender and fragile arteries and veins. If, therefore, more blood be sent to the maternal part of the ovum than it can easily receive, and circulate and act under, a rupture of the vessels will take place, and an extravasation and consequent separation be produced; or even where no rupture is occasioned, the action of the ovum may be so oppressed and disordered as to unfit it for continuing the process of gestation."¶

Now in atonic plethora, or that commonly existing in high and fashionable life, among those who use little exercise, live luxuriously, and sleep in soft warm beds, although the action that accompanies the pressure is feeble compared with what occurs in the opposite state, the vessels themselves are feeble also, and their

GEN. I.
SPEC. III.
Paracyesis
abortus.

Miscarriage apt
to recur.

Has recurred
upwards of
twenty times.

Cause from
plethora whe-
ther entonic or
atonic.

How entonic
plethora acts.

How atonic
plethora acts.

* One of the best accounts of the causes of abortion is contained in Beck's *Med. Jurisprudence*; art. *INFANTICIDE*, ed. 1825. An excellent summary of them may be found in *Ryan's Manual*, p. 193. — ED.

† *Observationes*, lib. II. p. 467.

‡ *Opp.* III. p. 718.

§ *De Curationibus Verno-autumn.* p. 496.

|| *Lecton. Memorab.*, p. 418.

¶ *Principles of Midwifery*, 3d edit. 8vo. p. 191. To use the words of Dr. Robert Lee, the placenta adheres to the uterus by means of the deciduous membrane alone, which is directly applied to the openings of the uterine sinuses. If the impetus of the blood in these be increased by an excited state of the general circulation, or by the irritation of the uterus itself, an unusual afflux of blood to these vessels will take place, and the placenta will be forced from its connection with the uterus, more or less extensively, by the extravasation of blood from the openings of the uterine sinuses, between the placenta and uterus. If this happens to a considerable extent, the process of gestation will be arrested, and, sooner or later, the ovum will be expelled. See *Cyclop. of Pract. Med.*, art. *ABORTION*. — ED.

GEN. I.
SPEC. III.

Paracyesis
abortus.

Mode of action
most obvious
in entonic
plethora.

Treatment of
abortion em-
braces two
intentions.

Preventive
process.

mouths and tunics are exceedingly apt to give way to even a slight impetus; and hence plethora becomes a frequent cause of abortion in women of a delicate habit and unrestrained indulgence.

Among the robust and the vigorous, however, its mode of operation is still more obvious and direct. An increased flow of blood is here forced urgently into the uterus, which participates irresistibly in the vehemence of the action; so that if the vessels do not suddenly give way, and hemorrhage instantly occur, the patient feels a tensive weight in the region of the uterus, and shooting pains about the pelvis. "This cause," observes Mr. Burns, "is especially apt to operate in those who are newly married, and who are of a salacious disposition, as the action of the uterus is thus much increased, and the existence of plethora rendered doubly dangerous. In these cases, whenever the menses have become obstructed, all causes tending to increase the circulation must be avoided, and often a temporary separation from the husband is indispensable." *

The general treatment of abortion consists of two intentions, that of preventing it when it threatens, and that of safely leading the patient through it when there is little doubt that it has taken place.

The chief symptoms, menacing abortion, are transitory pains in the back, or hypogastric region, or a sudden hemorrhage from the vagina. In all these cases, the first step to be taken is a recumbent position, and, when the patient is once placed in this state, we should deliberately examine into the nature of the cause. If there be symptoms of plethora, or oppression, if an accident, or a sudden emotion of the mind, or severe exercise, as of dancing, riding, or even walking, have produced them by disturbing the equilibrium of the circulating system, blood should be immediately taken from the arm, and all irritation removed from the bowels by a gentle laxative or injection. † In plethora, indeed, we may go beyond this, and empty the bowels more freely; yet even here our object should be to reduce without weakening. ‡ In every instance, except where plethora prevails, after abstracting blood, the next best remedy is a full dose of opium, consisting of thirty or forty drops of laudanum, or more if the symptoms be urgent, and repeated every three or four months till the object is obtained. § And where the system is so feeble or emaciated that bleeding is

* Burns, ut suprâ, p. 192.

† A bad cough is always a dangerous occurrence in pregnancy. Venesection, hyoscyamus, conium, and prussic acid, are the remedies advised by Dr. Ryan. (Manual, &c. p. 187.) In dyspnœa from the distention of the abdomen interfering with the action of the diaphragm, he recommends antispasmodics. — ED.

‡ "Cold applications, and even ice, if it can be procured, should be applied over the pubes." (See Cyclop. of Pract. Med., art. ABORTION.) Of course the administration of opium should follow, and not precede, the abstraction of blood. — ED.

§ Aaskow, Act. Soc. Med. Hafn., tom. i. Even when the case proceeds from plethora, some practitioners have recourse to opium as well as the lancet. Thus Dr. R. Lee gives the following advice: — "A dose of laudanum, or of the liquor opii sedativus, is to be given, or a starch and laudanum clyster may be administered, to prevent or quiet the uterine contractions. The superacetate of lead is in these cases a valuable remedy. Two grains, combined with a quarter of a grain of opium, may be taken every three hours, until the discharge of blood begins to abate." Dr. R. Lee, op. et loc. cit. — ED.

counter-indicated, we must content ourselves with giving sulphuric acid with small doses of digitalis, unless, indeed, there be much tendency to sinking at the stomach, and, in this case, we must limit our practice to the mineral acids and opium, and gently relieving the bowels.

By this plan the pains, originating from incidental causes, are often checked, and the partial separation of the ovum that has commenced is put a stop to. But the remedial process is thus far merely begun: the patient, for some weeks, must be peculiarly attentive to her diet, which should be light and sparing, and if exercise of any kind be allowed, it should be that of swinging, or of any easy carriage. Cold bathing, and especially cold sea-bathing, is of great importance; and where these cannot conveniently be had, a cold hip or shower bath may be employed in their stead; and if there should still be the slightest issue of blood from the vagina, injections of cold water, or of a solution of alum, or sulphate of zinc, should be thrown up the passage two or three times a day; or an icicle, or a snow-ball, be employed as a pessary.

If the habit be peculiarly vigorous and robust, stimulants and softness of bed-clothes must be carefully avoided, and the downy couch be exchanged for a hard mattress. But if the constitution be delicate and emaciated, two or three glasses of wine may be allowed daily, and a course of angustura, columbo, or some other bitter tonic, should be entered upon. In either case, however, it is absolutely necessary, that sexual connection should be abstained from for ten days or a fortnight.

It has of late been much the custom to confine women of a very delicate frame, and especially after they have once miscarried, to a recumbent position from the first symptom of conception through the whole term of gestation. In a few cases, this may be a right and advantageous practice; but, in the present day, it is employed far to indiscriminately. Among the causes of abortion we have just enumerated, there are many it can never touch, as where the ovum itself is at fault, or there is a natural indisposition in the uterus to expand beyond a certain diameter. In this last case, if we could be sure of it, a tepid hip-bath employed every evening, about the time the abortion is expected, would be a far more likely means of preventing it: for we should act here as in all other affections where our object is to relax and take off tension, in which states we uniformly employ warmth and moisture; commonly, indeed, a bread and water poultice. And hence, in the instance before us, one of the best applications we could have recourse to, would be a broad swathe of flannel, moistened with warm water and applied round the loins and lower belly every night on going to bed, surrounded externally with a dry swathe of folded linen. This should be worn through the whole night, and continued for a fortnight about the time we have reason to expect a periodical return of abortion from the cause now alluded to.

I was lately requested to join in consultation with an obstetric physician upon the state of a young married lady of a highly nervous and irritable frame united with great energy and activity both of mind and body, who had hitherto miscarried about the third month of gestation, by braving all risks, taking walks of many miles at a stretch, or riding on horseback for half the day at a time.

GEN. I.
SPEC. III.

Paracyesis
abortus.
Treatment.

Same process
must be long
continued, even
after its success.

Cold applica-
tions locally
with astringent
injections.

Warm bedding
to be exchanged
for a hard
mattress.

A little wine
allowed to the
weakly.

Sexual con-
nection to be
abstained from.

Uninterrupted
use of a re-
cumbent pos-
ture recom-
mended by
some.

The question
examined.

Useful in some
cases, but in-
applicable to
others: in
which a tepid
hip-bath is
more likely to
be useful.

Illustrated.

Further illus-
tration from a
case in which
it appeared to
hasten mis-
carriage.

GEN. I.
SPEC. III.
Paracyesis
abortus.
Treatment.

She was now once more in the family-way, and had just commenced the discipline of only quitting her bed for the sofa to which she was carried, and on which she was ordered to repose with her head quite flat and in a line with her body, and without moving her arms otherwise than to feed herself; and to continue in this motionless state for the ensuing eight months. Without entering into the immediate cause of her former miscarriages, I ventured to express my doubts, whether so sudden and extreme a change would not rather hurry on than prevent abortion. But I recommended, that all exertion of body and mind should be moderated, that the diet should be plain, the hours regular, that the position should be generally recumbent, and strictly so for a fortnight, about the time in which abortion might be expected. It was over-ruled, however, to persevere in the plan already adopted from the moment, and every sedentary relief and amusement that could be devised was put in requisition to support the patient's spirits. She went on well for a week: but, at the end of this period, became irritable, fatigued, and dispirited; and miscarried at about six weeks from conception, instead of advancing to three months, as she had hitherto done.

Other arguments worth considering.

Even in the case of a delicate and relaxed frame, and of a mind that has no objection to confinement, it is well worth consideration whether the ordinary means of augmenting the general strength and elasticity by such tonics as are found best to agree with the system, and such exercises as may be taken without fatigue, particularly any of those kinds of motion which the Greeks denominated *æora*, as swinging or sailing, riding in a palanquin, or in a carriage with a sofa-bed or hammock — which, as we observed on a former occasion*, instead of exhausting, tranquillise and prove sedative, retard the pulse, produce sleep, and calm the irregularities of every irritable organ — may not be far more likely to serve the patient, than a life of unchanging indolence, and undisturbed rest, which cannot fail to add to the general weakness, how much soever the posture it inculcates may favour the quiet of the uterus itself.

Management of abortion where it occurs.

We have thus far supposed, that there is a mere danger of abortion, and that the symptoms are capable of being suppressed. But if the pains, instead of being local and irregular, should have become regular and contractile before medical assistance is sought for, or should have extended round the body, and been accompanied with strong expulsive efforts, and particularly if, in conjunction with those, there should have been a considerable degree of hemorrhage, our preventive plan will be in vain, a separation has unquestionably taken place, and to check the descent of the detached ovum would be useless, if not mischievous. Even though the pains should have ceased, we can give no encouragement; for such a cessation only affords a stronger proof that the effect is concluded.

When the discharge small, it should be left to itself.

If the discharge continue but in small quantity, it is best to let it take its course; to confine the patient to a bed lightly covered with clothing, and give her five and twenty or thirty drops of laudanum. Bleeding is often had recourse to with a view of effecting

* Marasmus Phthisis, Vol. II. Cl. III. Ord. IV. Gen. III. Spec. V.

a revulsion : it is uncalled for, however, and may do mischief by augmenting the weakness.

But the practitioner often arrives when the discharge is in great abundance, and amounts to a flooding; and the patient is faint and sinking, and seems ready to expire.

To the inexperienced, these symptoms are truly alarming, and, in a few instances, sudden death appears to have ensued from the exhaustion that accompanies them. But it rarely happens, that the patient does not recover in an hour or two from the deliquium; and even the syncope itself is one of the most effectual means of putting a check to the discharge by the sudden interruption it gives to all vascular action. Cold, both external and internal, is here of the utmost importance: the bed-curtains should be undrawn, the windows thrown open, and a sheet alone flung over the patient; while linen wrung out in cold water or ice-water should be applied to the lower parts of the body and renewed as its temperature becomes warm, withholding the application, however, as soon as the hemorrhage ceases.

Injections should, in this case, be desisted from; for the formation of clots of blood around the bleeding vessels should be encouraged as much as possible, instead of being washed away. And for this reason, it is now a common practice to plug the vagina as tight as possible with sponge or folds of linen, or, what is better, a silk handkerchief, smeared over with oil that they may be introduced the more easily, and afterwards to confine the plug with a T bandage. This plan has been long recommended by Dr. Hamilton, and has been extensively followed with considerable success. Here, also, Dr. Hamilton prescribes large doses of opium as an auxiliary, beginning with five grains, and continuing it in doses of three grains every three hours, till the hemorrhage has entirely ceased. Opium, however, is given with most advantage where the flooding takes place after the expulsion of the ovum; for, if this have not occurred, its advantage may be questioned, since it has a direct tendency to interrupt that muscular contraction without which the ovum cannot be expelled. And it should be farther observed, that where opium is had recourse to in such large doses as are above proposed, it must not be dropped suddenly, for the most mischievous consequences would ensue; but must be continued in doses gradually diminishing till it can at length be omitted with prudence.

If the flooding occur after the sixth or seventh month, and the debility be extreme, the hand should be introduced into the uterus as soon as its mouth is sufficiently dilated, and the child turned and brought away. And if, before this time, a considerable degree of irritation be kept up in the womb from a retention of the fetus or any considerable part of the ovum after its separation, one or two fingers should also be introduced for the purpose of hooking hold of what remains, and bringing it away at once. Such a retention is often exceedingly distressing, and the dead parts continue to drop away in membranous or filmy patches for several weeks, intermixed with a bloody and offensive mucus. And, not unfrequently, some danger of a typhous fever is incurred from the corrupt state of the unexpelled mass. In this case, the strength must be supported with a nutritious diet, a liberal allowance of wine, and the use of the warm bitters, with mineral acids. It is also of great

GEN. I.
SPEC. III.

Paracyesis
abortus.
Treatment.
Treatment in
flooding.
Symptoms
alarming, but
not often fatal.
Syncope itself
of use.
Cold external
and internal.

Injections
when to be
desisted from,
and why.
The vagina to
be plugged.

Opium in large
doses :

when given
most advan-
tageously :

only to be
dropped by
degrees.

The child un-
der what cir-
cumstances to
be turned and
brought away.

Distress from a
retention of
the fetus when
dead.

The strength
to be here
supported.

GEN. I.

SPEC. III.

Paracysis
abortus.

Treatment.

Uterus to be
washed with
stimulant and
antiseptic
injections.Summary of
treatment.

importance that the uterus itself be well and frequently washed with stimulant and antiseptic injections, as a solution of alum or sulphate of zinc, a decoction of cinchona or pomegranate bark, a solution of myrrh or benzoin, or, what is better than any of them, negus made with rough port wine. The injection must not be wasted in the vagina, but pass directly into the uterus; and, on this account, the syringe must be armed with a pipe made for the purpose, and of sufficient length.

The application of cold then, plugging the vagina, opium, and perfect quiet, and, where the pulse is full, venesection, are the chief remedies to be employed in abortions, or threatenings of abortions, accompanied with profuse hemorrhage; and where these do not succeed, and especially after the sixth month, immediate delivery should be resorted to. The process, however, of applying cold should not be continued longer than the hemorrhage demands; for cold itself, when in extreme, is one of the most powerful sources of sensorial exhaustion we are acquainted with. And hence, where the system is constitutionally weak, and particularly where it has been weakened by a recurrence of the same discharge, it may be a question well worth weighing, whether any thing below a moderately cool temperature be allowable even on the first attack? as also whether the application of warm cloths to the stomach and extremities might not be of more advantage? for, unless the extremities of the ruptured vessels possess some degree of power, they cannot possibly contract, and the flow of blood must continue. And it is in these cases that benefit has sometimes been found by a still wider departure from the ordinary rules of practice, and the allowance of a little cold negus. So that the utmost degree of judgment is necessary on this occasion, not only how far to carry the established plan, but, on peculiar emergencies, how far to deviate from and even oppose it.

Hemorrhages
from abortion
increase in
danger as they
increase in
recurrence.Evil effects of
frequent
abortions.

We have said that the hemorrhage, which takes place in abortions, however profuse, is rarely accompanied with serious effects. This, however, must be limited to the first time of their taking place: for if they recur frequently in the course of a single gestation, or form a habit of recurrence in subsequent pregnancies, the blood, from such frequent discharges, loses its proper crasis; the strength of the constitution is broken down; and all the functions of the system are performed with considerable languor. The increasing sensorial weakness produces increasing irritability; and hence slighter external impressions occasion severer mischief, and the patient becomes subject to frequent fits of hysteria, and other spasmodic affections. Nor is this all; for the stomach cannot digest its food, the intestines are sluggish, the bile is irregularly secreted, the heart acts feebly; and the whole of this miserable train of symptoms is apt to terminate in dropsy. *

* It is observed by Dr. Ryan (Manual, &c. p. 192.), that when abortion occurs during the two first months of pregnancy we can only distinguish it from excessive menstruation by the blood coagulating,—an appearance never witnessed in the menses. Abortion is most common in the first three months, women being then more nervous and irritable than in the subsequent stage of pregnancy. It is also noticed, that consumptive women, who have a great aptitude to conceive, seldom miscarry. It is familiarly known, that such women as marry late in life are particularly liable to the accident. With respect to numerous

GENUS II.

PARODYNIA.

MORBID LABOUR.

THE PROGRESS OF LABOUR DISTURBED OR ENDANGERED BY IRREGULARITY OF SYMPTOMS, PRESENTATION, OR STRUCTURE.

THE generic term is a Greek compound from *παρὰ*, malè, and *ᾠδὴν* or *ᾠδῆς*, -ινος, “dolor parturientis.” All the different species of viviparous animals have a term of utero-gestation peculiar to themselves, and to which they adhere with a wonderful precision. Among women we have already said that this term is forty weeks, being nine calendar or ten lunar months. Occasionally the expulso-ry process commences a little within this period, and occasionally extends a little beyond it; but, upon the whole, it is so true to this exact time as clearly to show it to be under the influence of some particular agency, though the nature of such agency has never been satisfactorily pointed out. Sometimes the weight of the child has been supposed to force it downwards at this precise period, and sometimes the uterus has been supposed to contract, from its inability of expanding any farther, and hence from an irritable excitement produced by the pressure of the growing fetus. By other physiologists it has been ascribed to the increasing activity of the child, and the uneasiness occasioned by its movements. But it is a sufficient answer to all these hypotheses to remark, that a like punctuality is observed, whether the child be small or large, alive or dead; unless, indeed, the death took place at a premature period of the pregnancy; for “no fact,” says Dr. Denman, “is more incontestably proved, than that a dead child, even though it may have become putrid, is commonly born after a labour as regular and natural in every part of the process as a living one*.” and hence, we can only resolve it into the ordinary law of instinct or of nature, like that which regulates the term of menstruation, or assert still more intelligibly with Avicenna that, “at the appointed time labour comes on by the command of God.”†

In natural labour, which consists in a gradual enlargement of the mouth of the womb, and the diameter of the vagina, so as to suffer the child to pass away when urged from above by a repetition of expulso-ry contractions of the uterus and all the surrounding muscles‡, there is little or no danger, however painful

GEN. II.

Regularity with which utero-gestation completes itself and terminates.

Supposed causes of labour-pains on the completion of pregnancy.

All inapplicable or unsatisfactory; and hence best resolved into the ordinary law of instinct, or the appointment of Providence by a general law. Little or no danger in natural labour.

organic diseases of the uterine organs, and of the embryo and its involucra, acting as causes of abortion, practitioners have no means of preventing or removing them. Dr. R. Lee, in Cyclop. of Pract. Med., art. ABORTION. — ED.

* Pract. of Midwifery, 8vo. 5th edit. p. 255.
† This enquiry seems, as Dr. Ramsbotham observes, to promise as much usefulness as the question, why human beings do not grow twenty feet high, or live for five hundred years? — ED.
‡ The action of the uterus is involuntary, which is regarded as “a wise pro-

GEN. II.

Parodynia.

Ordinary term
of labour from
two hours to
twelve.

Causes of mor-
bid labour.

or distressing to the mother. These contractions, or labour-pains, continue with a greater or less regularity of interval and recurrence from two hours to twelve; the process rarely terminating sooner than the former period, or later than the latter; the ordinary term being about six hours.

But unhappily labours do not always proceed in a natural course; for sometimes there is a feebleness or irregularity in the muscular action that greatly retards their progress; or a derangement of some remote organ that sympathises with the actual state of the uterus, and produces the same effect; or the mouth of the uterus itself is peculiarly rigid and unyielding; or the natural presentation of the child's head may be exchanged for some other position; or the maternal pelvis may be mis-shapen, and not afford convenient room for the descent of the child; or there may be a plurality of children; or, even after the birth of the child, the placenta may not follow with its ordinary regularity; or an alarming hemorrhage may supervene; each of which conditions becomes a distinct species of disease in the progress of morbid labour, and the whole of which may be arranged as follows:—

1. PARODYNIA ATONICA.	ATONIC LABOUR.
2. ————— IMPLASTICA.	UNPLIANT LABOUR.
3. ————— SYMPATHETICA.	COMPLICATED LABOUR.
4. ————— PERVERSA.	PRETERNATURAL PRESENT- ATION. CROSS-BIRTH.
5. ————— AMORPHICA.	IMPRACTICABLE LABOUR.
6. ————— PLURALIS.	MULTIPAROUS LABOUR.
7. ————— SECUNDARIA.	SEQUENTIAL LABOUR.

SPECIES I.

PARODYNIA ATONICA.

ATONIC LABOUR.

LABOUR PROTRACTED BY GENERAL OR LOCAL DEBILITY, OR
HEBETUDE OF ACTION.

GEN. II.

SPEC. I.

Pathological
remarks.

It often happens, in various affections of the system, that a general law is incapable of being carried into effect with promptness and punctuality from weakness or indolence of the organs chiefly concerned in its execution. Thus, when vaccine or variolous fluid is properly inserted under the cuticle, it remains there in many cases for several days beyond its proper period, in a dormant state from inirri-

vision of nature, because it is most probable that many women would not have fortitude sufficient to bring on labour voluntarily at the end of the proper term of gestation; while some might induce action prematurely, either from fear, shame, or other motives. The auxiliary muscles, however, which assist the uterine powers, are, to a certain extent, voluntary; so that labour may be said to consist of a mixed action, principally involuntary, but partly voluntary; and it is in the woman's power to aid the contractions of the uterus by the exertion of her own will." See Dr. Ramsbotham's Lectures, as published in Med. Gaz. for 1833-4.
— ED.

tability or indolence in the cutaneous absorbents ; and, in the case of small-pox, even where the fluid has been received into the system, whether naturally or by inoculation, and has excited febrile action, this action is, in many instances, very considerably augmented from a like indolence or inirritability of the secernents of the skin, which do not throw off the morbid matter sufficiently on the surface.

A like want of harmonious action very frequently occurs in parturition. The full time has expired—the uterus feels uneasy, and the uneasiness is communicated to the adjoining organs, and there are occasional pains in the back or in the lower belly, but either from a weakness, or hebetude, or both, in the uterus itself, or in the muscles that are to co-operate with it in expelling the child, the pains are not effective, and the labour makes little progress.

It often happens, also, in debilitated habits, that, while in some parts of its progress the labour advances kindly and even rapidly, the little strength the patient possesses is worn out, and her pains suddenly cease ; or, what is worse, still continue, but without their expulsive or effective power, and, consequently, do nothing more than tease her, and add to the weakness. This exhaustion will sometimes occur soon after the commencement of the labour, or in its first stage, before the os uteri has dilated, and while the water is slowly accumulating over it ; but, in this stage, it is more likely to occur if the membranes should have prematurely given way, and the water have been already evacuated. Yet it occurs also, occasionally, towards the close even of the last stage, and when the head of the child has completely cleared itself of the uterus, and is so broadly resting on the perinæum, that a single effective pain or two would be sufficient to send it without any assistance into the world.

In the greater number of these cases, to wait with a quiet command of mind, and soothe the patient's desponding spirits by a thousand little insinuating attentions, and a confident assurance that she will do well at last, is the best, if not the only, duty to be performed. A stimulant injection, however, of dissolved soap or muriate of soda will often re-excite the contractions where they flag, or change the nature of the pains where they are ineffective. After this it is often useful to give thirty or five and thirty drops of laudanum, and to let the patient remain perfectly quiet. It is not certain in what way the laudanum may act, for it sometimes proves a local stimulant, and sometimes a general sedative, but in either way it will be serviceable and nearly equally so ; for it will either shorten the labour by re-exciting and invigorating the pains, or increase the general strength by producing sleep and quiet.*

In America it has of late been a common practice to employ spurred rye in cases of this kind, as we have already observed under *Paramenia difficilis*, for which also it is very generally had recourse to ; it being supposed to have a specific power in stimulating the uterus : and the cases adverted to are numerous and

GEN. II.
SPEC. I.
Parodynia
atonica.

Applied to
atonic labour.

Labour rendered lingering
from ineffective
pains.
From a cessation of pains
produced by a
cessation of
strength.

Such exhaustion shows itself
at different
stages of the
labour.

Treatment to
be pursued.
Soothing and
consoling
assurances.
Stimulant
injections.
Laudanum.

Spurred rye.

* Here, instead of laudanum, many practitioners prescribe the acetous solution of opium (Dubl. Pharm.), the liquor opii sedativus, or the acetate or muriate of morphine. — ED.

GEN. II.

SPEC. I.

Parodynia
atonica.

Cordials to be
allowed in
moderation.

When prudent
to break the
waters.

Injurious to at-
tempt to dilate
the mouth of
the uterus un-
less when nar-
row and rigid.

When the fin-
gers may be
applied with
advantage.

When the head
has passed into
and lodges in
the vagina, if
the pains cease,
no attempt
should at first
be made to re-
excite them.

When assist-
ance is neces-
sary the vectis
or forceps to
be employed.

authentic, in which it seems to have been serviceable in exciting labour-pains under the present affection.

If the pulse should be quick and feeble, with languor and a sense of faintness at the stomach, a little mulled wine or some other cordial may be allowed. If the mouth of the womb be lax and dilatable, and the water have accumulated largely and protrude upon it as in a bag, advantage is often gained by breaking the membranes and evacuating the fluid, for a new action is hereby given to the uterus, and while it contracts with more force it meets with less resistance, and its mouth is more rapidly expanded. But unless the labour should have advanced to this stage, the membranes should never be interfered with; for their plasticity, and the gradual increase and pressure of their protruding sac against the edges of the os uteri, form the easiest and surest means of enlarging in, whilst the retention of the fluid in this early stage of parturition lubricates the inner surface of the womb, and tends to keep off heat and irritation.*

For the same reason, if the mouth of the womb be narrow and have hitherto scarcely given way, the application of the finger can be of no advantage. Every attempt to dilate it must be in vain, and only produce irritation, and an increased thickening in its edges: but if it have opened to a diameter of two inches, and be at the same time soft and expansile, advantage should be taken of the pains to dilate it by the introduction of one or two fingers still further, which should only, however, co-operate with the pains, and be employed while they are acting; and, by these conjoint means, the head of the child sometimes passes rapidly and completely out of the uterus.

We have said that it is sometimes apt to lodge in the vagina in consequence of the patient's exhaustion, and an utter cessation of all pains, or of all that are of any avail. The patient should again therefore be suffered to rest, and if faint, be again recruited with some cordial support. Generally speaking, time alone is wanting, and the practitioner must consent to wait; and it will be better for him to retire from his patient, and to wait at a little distance. But if several hours should pass away without any return of expulsive efforts, if there should be frequent or continual pains without any benefit, if the patient's strength should sink, her pulse become weak and frequent, if the mind should show unsteadiness, and there be a tendency to syncope, and if, at the same time, the head be lying clear on the perinæum, the vectis or forceps should be had recourse to, and the woman be delivered by artificial means. This situation forms a general warrant; but, for the peculiar circumstances, in which such or any other instruments should be employed, the manner of employing them, and the nature of the

* The advice here delivered agrees with that given by the best modern obstetric practitioners. Thus, Dr. Ramsbotham, in his Lectures, strongly commends the plan of preserving the membranous bag entire as long as possible; or, at least, until it has performed the whole of the office destined for it by nature; namely, the dilatation of the os uteri, the vagina, and in some degree also of the external parts. When the membranes appear externally to the vulva, we may then suppose that they have done all the good that can be expected from them; that their remaining entire may possibly be retarding the labour; and we may in that case venture to rupture them, provided the head present. See Med. Gaz. for 1833-4, p. 821. — ED.

instruments themselves, the reader must consult such books as are expressly written upon the subject, and should sedulously attend the lectures and the introductory practice which are so usefully offered to him in this metropolis.

GEN. II.
SPEC. I.
Parodynia
atonica.

SPECIES II.

PARODYNIA IMPLASTICA.

UNPLIANT LABOUR.

LABOUR DELAYED OR INJURED FROM IMPLASTICITY OR UNKINDLY DILATATION OF THE SOFT PARTS.

THE tediousness and difficulty of the preceding species of labour proceed chiefly from atony or hebetude of the system generally, or of the local organs particularly. But it often happens, that the parts dilate and the labour proceeds as slowly from an implasticity, or rigid resistance to the expansion and expulsive efforts which should take place, according to the law of nature, at the fulness of time which we are now supposing to be accomplished, and which is sometimes productive of other evils, than that of protracted suffering, offering us indeed the four following varieties:—

GEN. II.
SPEC. II.
How chiefly
distinguished
from the pre-
ceding species.

α Rigiditatis.

The delay confined to a simple rigidity of the uterus or outer mouth.

β Prolapsa.

Accompanied with prolapse.

γ Hæmorrhagica.

Accompanied with hemorrhage.

δ Lacerans.

Accompanied with laceration of the uterus or perinæum.

RIGIDITY OF THE UTERUS may extend to the entire organ, or be limited to the cervix, or os uteri as it is called after the cervix has lost its natural form, and partakes of the sphæroidal shape of the fundus. When the former occurs, the practitioner meets with severe pains in the loins, shooting round to the lower belly, and producing great contractile efforts of the muscles surrounding the uterus, so as to throw the patient from the violence of her exertions into a profuse perspiration, and induce the attendants to believe, that the labour is advancing with great speed, while the practitioner himself finds, on examination, that there is no progress whatever; that the uterus itself does not unite in the expulsive force, the fluid of the amnios does not accumulate over the os uteri, nor the head of the child bear down upon it.

α P. Implastica
rigiditatis.
Symptoms
when the
rigidity pro-
ceeds from the
general organ
of the uterus.

In other cases, he finds that the general organ of the uterus does participate in the common action, and force the head of the child downward, but that the mouth of the womb does not dilate or become thinner in consequence hereof; appearing, on the contrary, in some cases, from a peculiar tenderness and irritation, to grow thicker and tenser, and more intractable.

Symptoms
when the
rigidity is
chiefly seated in
the os uteri.

And he not unfrequently finds, even where both the body and mouth of the womb are sufficiently pliable and co-operative with

Symptoms
when seated in
the os ex-
ternum.

GEN. II.
SPEC. II.
α P. Implastica
rigiditatis.

the common intention, and the head of the child has become easily cleared of this organ, that a like rigidity and implasticity exist in the os externum, and that the child, having readily worked its way thus far, is fast locked from this circumstance, and cannot get any further; and occasionally the rigidity has been found in some part, and particularly the upper part of the vagina, of which Dr. Davis has given a very striking example in a young woman parturient for the first time. The contraction was here a spastic ring bordering immediately on the orifice of the uterus; and so inconsiderable that the forefinger could not be made to pass through it.*

Treatment.

In all cases of this kind, the same means of relaxation should be resorted to as in an irritable or inflammatory tenseness and rigidity of other organs. Blood should be freely abstracted, active purgatives be given by the mouth, and copious emollient injections be administered without much aperient virtue, so that they may for some time remain in the rectum and act as a fomentation. And here also it may be advantageous to apply round the loins and lower belly a broad swathe of flannel wrung out in hot water, and to encircle it with an equally broad band of folded linen, in the manner already recommended in PARAMENIA DIFFICILIS.

In Dr. Davis's case of contracted vagina, after an abstraction of blood to deliquium, which demanded thirty ounces, sixty drops of Battley's sedative solution of opium was also directed to be given, with great judgment as well as with the most desirable success: for in about five hours the child's head had cleared both the orifice of the uterus and the contracted part of the vagina, and was beginning to bear on the os externum; in about three hours after which, the patient was safely delivered of a living child.

β P. Implastica
prolapsa.

In several cases of rigidity, if no means be adopted to subdue the tension, the protrusive force of the surrounding muscles is sometimes so considerable that, as it cannot expel the child by itself, it goes far to expel the child and the uterus conjointly, the latter being thrust downward into the outward passage, and its mouth projecting out of the vulva, thus constituting a PARTURIENT PROLAPSE.

Treatment.

While the uterus is thus forcibly descending, the attendant should support it, or the head of the child, with two fingers: if the prolapse be complete, the uterus should be returned into its proper place as quickly as possible; and if this cannot be done, the child must be turned, and delivery take place as speedily as may be.

γ P. Implastica
hæmorrhagica.

In the violence of this struggle, it sometimes happens, moreover, and particularly where the water has escaped, that some of the vessels give way, or the placenta is partly detached, and there is the additional evil of a PROFUSE HEMORRHAGE to contend with.

If this occur in the commencement of labour, venesection should generally be had recourse to, the patient be kept cool and quiet, and take thirty drops of laudanum. If the labour have advanced and is advancing rapidly, and the hemorrhage be not very considerable, we may safely trust to nature to complete the process before any serious mischief ensues. But if the patient be debilitated, or much exhausted, or the labour advance slowly, the woman should be delivered by turning the child, or having recourse

to the forceps, according to the progress of the labour, and the position of the child at the time.

But there is a far worse evil than any of these, which results from the implasticity we are now considering: and that is a rupture, or LACERATION, either OF THE VAGINA, OR OF THE UTERUS.

The causes of laceration are said to be numerous, and it often occurs suddenly and without any known cause: but if we examine into their general nature, we shall find that, except in the case of brutal force or want of skill, they are almost always dependent on a certain degree of implasticity in the lacerated part of the organ, which prevents it from yielding with the uniformity of the other parts, or from a peculiar degree of irritability, that renders it more liable to irregular action or spasm: though there can be no question that, in a very few instances, the laceration has commenced from a cut produced by an occasional sharpness of the edge of the ilium. "Those women," observes Mr. Burns, "are most liable to rupture of the uterus who are very irritable, and subject to cramp; or who have the pelvis contracted, or its brim very sharp, or who have the os uteri very rigid, or any part of the womb indurated. Schulzius relates a case where it was produced by scirrhus of the fundus; and Friedrius one where it was owing to a carneo-cartilaginous state of the os uteri." *

Laceration of the fundus of the womb may take place during any part of the labour, when the pains are violent, and the walls of the organ do not act in unison in every part; but the mischief more commonly commences in the cervix, when the head, or the shoulders, or any other part, is passing through, and the whole of its circumference does not yield equally. † Where the accident occurs in the vagina or perinæum, it must necessarily take place after the head has descended from the womb, and is pressing upon the substance of these organs, that, like the lacerating os uteri, does not yield equally in every point. ‡

In most cases of an implastic rigidity, whether in the body of

GEN. II.

SPEC. II.

δ P. Implastica lacerans.

Causes of laceration:

mostly dependent on implasticity:

sometimes from the sharp edge of the ilium.

Laceration of the fundus of the uterus may take place during any part of labour under particular circumstances.

Laceration of the cervix more common.

Laceration of the vagina or perinæum.

* Principles of Midwifery, 8vo, 3d edit. p. 361.

† "This disastrous occurrence is to be dreaded," says Dr. Ryan, "in all cases of transverse labours, unless timely aid be afforded. It is most common in arm presentations, and in deformities of the pelvis. In a word, in all cases where the labour is protracted and violent." (See Manual, &c. p. 287.) When a woman has already borne children, the os uteri generally dilates very readily in subsequent parturitions; but this is by no means universally the case. Dr. Ramsbotham relates the particulars of a woman whom he attended in her first labour, and the child was born naturally in four or five hours. In her second labour, however, the membranes broke early; the pains became exceedingly violent; the head was forced powerfully against the undilated and rigid os uteri; irregular muscular spasms supervened; and, at the end of about fifty hours from the rupture of the membranes, when the os uteri had not acquired a diameter larger than a shilling, Dr. Ramsbotham, while carefully examining the parts, felt the os uteri and the cervix give way on the right side, and the head passed at once into the vagina. Bleeding and opium here had failed to bring about the requisite dilatation of the os uteri. The patient died of uterine inflammation on the fourth day after delivery. See Ramsbotham's Lectures, as published in Med. Gaz. for 1834, p. 161.—ED.

‡ The following references to cases of ruptured uterus, from falls or blows in the early months of pregnancy, are given by Dr. Ryan, op. cit. p. 441.: namely, Phil. Trans., vol. xlv. p. 121.; Mém. de l'Acad. des Sciences, 1709.; Journ. Med. 1780.; Burns's Midwifery, p. 640.; Annals of Med. p. 412.; Dublin Med. Trans., 1830. vol. i. New Series, &c.

GEN. II.
SPEC. II.
δ P. implastica
lacerans.

Mode of treat-
ment.

Opium, when
allowable.

If prolapse be
threatened, the
uterus to be
supported
during the
pains; and the
patient avoid
bearing down.

If a prolapse, a
reduction to be
instantly at-
tempted, or the
child be turned
and brought
away.

Laceration
often occurs
suddenly,
though some-
times preceded
by cramps.
General de-
scription of
symptoms on a
rupture of the
womb.

the uterus itself, or in its cervix, or in the os externum, there is a considerable degree of local irritation, and in many of them a great deal of firm and vigorous action. The parts are not only rigid, but dry, and hot, and tender, and the pulse is generally full, with restlessness, and a heated skin. And hence venesection is imperatively called for from an early period of the labour: and there are few cases in which the uterus has not acted afterwards with more freedom, and its mouth been rendered laxer, softer, and more compliant. In all such cases, also, an emollient injection several times repeated, will advantageously co-operate in taking off the tension, and increasing the expansibility. Here opium should be avoided, but general relaxants, as antimony and ipecacuan, given in the neutral effervescing draught, may add to the general benefit. The operator must be abstinent till the parts have yielded, and the tension and irritation subsided; for before this, every application of the fingers will only increase the morbid tendency.

The only case in which the use of opium is here to be justified, is where, from the violence of the contractile pains, a considerable and an alarming hemorrhage has ensued, and the state of the os uteri will not allow of the introduction of the hand, for the purpose of turning and delivering immediately. In this instance, after venesection and a due administration of emollient and aperient injections, our last dependence must be upon a powerful opiate, for the purpose of allaying the irritation, and taking off the pains.*

And if the force of the expulsive power thrust down the uterus so as to give danger of producing a prolapse, the practitioner must support the organ during the recurrence of the pains, by introducing two fingers into the vagina for this purpose, and the patient must be kept in a recumbent position, without moving from it; and must be instructed to avoid, as much as possible, every expulsive or bearing-down exertion while the pain is upon her. If the uterus have actually protruded into the vagina, a reduction must be instantly attempted: and if this cannot be done, no time should be lost in passing the hand through the cervix, as soon as, without force, it can be sufficiently dilated for this purpose, and delivering the child by turning.

Laceration generally takes place suddenly; though, in irritable habits, cramps or other spasmodic affections are often previously complained of in different parts of the body. Mr. Burns has well described the symptoms that succeed:—"When this accident does happen, the woman feels something give way within her, and usually suffers, at that time, an increase of pain. The presentation disappears more or less speedily, unless the head have fully entered the pelvis, or the uterus contract spasmodically on part of the child, as happened in Bechling's patient.† The pains go off as soon as the child passes through the rent into the abdomen: or, if the presentation be fixed in the pelvis, they become irregular, and gradually decline. The passage of the child into the abdominal cavity is attended with a sensation of strong motion of the belly, and is sometimes productive of convulsions."‡

* In cases of rigidity, where the patients were robust, the celebrated Dr. Hamilton, of Edinburgh, employed venesection; but where they were delicate, the starch and opium clyster. — Ed.

† Haller, Disput., tom. iii. p. 477.

‡ Burns, ut suprâ, p. 362.

It is not necessary to make a distinction between the parts in which the laceration takes place; for, whether it be in the fundus or cervix of the womb, or in the vagina, except where, as just observed, the position is fixed in the pelvis, the part presented instantly disappears, and the child slips imperceptibly through the chasm into the hollow of the abdomen, sometimes with a hemorrhage that threatens life instantly, but sometimes with little or even no hemorrhage whatever.*

This accident will not unfrequently occur towards the close of a labour that promises fair. It is not many years ago when the present author, at that time engaged in this branch of the profession, was requested with all speed to attend, in consultation, upon a lady in Wigmore Street, who was then under the hands of a practitioner of considerable skill and eminence. She had, for about eight hours, been in labour of her first child, herself about thirty-eight years of age, had had natural pains, and been cheered throughout with the prospect of doing well, and even more rapidly than usual, under the circumstances of the case. In fact, the head had completely cleared the os uteri, and was resting on the perinæum, and the obstetric practitioner was flattering himself that, in a quarter of an hour at the farthest, he should be released from his confinement, when he was surprised by a sudden retreat of the child during a pain which he expected would have afforded her great relief, accompanied with an alarming flooding: and it was in this emergency the author of this work was requested to attend. On examination, it was ascertained that a large laceration had taken place in the uterus, commencing at the cervix and apparently on the passing of the shoulders, but why any part of it should have torn at this time, rather than antecedently, there were no means of determining. It is usual, under these circumstances, to follow up the child with the hand through the rupture into the abdomen, and to endeavour to lay hold of the feet, and withdraw it by turning. The hemorrhage had alarmed the practitioner, and this had not been attempted; and, at the time of the author's arrival, which was about an hour and a half afterwards, the attempt was too late, for the pulse was rapidly sinking, the breathing interrupted, and the countenance ghastly; yet the patient had not totally lost her self-possession, and, being informed of her situation, begged earnestly to be let alone, and to be suffered to die in quiet.

Where there is little or no hemorrhage, life usually continues much longer, whether the child be extracted or not; mostly, about twenty-four hours; though, in some cases, considerably longer still. Dr. Garthshore attended a patient who lived till the twenty-sixth day, and the Copenhagen Transactions† contain the case of a woman who, after being delivered, lingered for three months; and a few marvellous histories are given in the public collections of a natural healing of the uterus, while the child continued as a foreign and extra-fetal substance in the cavity of the abdomen for many years. Haller has reported a case in which it continued in this state for nine years‡; and others relate examples

GEN. II.

SPEC. II.

δ P. implastica lacerans.

Effects of laceration the same, whether in the body or neck of the womb, or the vagina.

Sometimes occurs towards the close of a labour of good promise.

Exemplified.

Child in this case usually followed up into the mother's body, and brought away by the feet.

Life continues usually about twenty-four hours after the accident.

Sometimes longer.

Twenty-sixth day.

Three months.

A few rare accounts of a natural cure of the uterus, and a continuance

* Blood may escape from the vagina, but generally it passes into the cavity of the abdomen, and excites peritonitis. — ED.

† Tom. ii. p. 326.

‡ Mém. de Paris, 1773.

GEN. II.

SPEC. II.

♂ *P. implastica*
lacerans.

of the ex-fetus
in the abdomen
for many years,
or through life.

Where the child
cannot be fol-
lowed up, the
case must be
left or the
Cesarean oper-
ation be
performed.

of its remaining for sixteen *, and even twenty-six years †, or through the entire term of the mother's natural life ‡

The only rational hope of saving both the mother and the child, is by following up the latter through the rupture, and delivering it by the feet; but, where this cannot be done from the smallness of the dilatation of the os uteri, or from the violent contraction of the uterus between the os uteri and the rent, we have nothing to propose but to leave the event to nature, or to extract the child by the Cæsarean operation. We have just seen that, in a few rare instances, the vis medicatrix Naturæ, or instinctive tendency to health, has succeeded in healing the wound, and restoring the patient with the fetus still inhabiting the belly. But this result is so little to be expected, that an incision into the cavity of the abdomen has not unfrequently been tried, and in some instances unquestionably with success. §

SPECIES III.

PARODYNIA SYMPATHETICA.

COMPLICATED LABOUR.

LABOUR RETARDED OR HARASSED BY SYMPATHETIC DERANGEMENT OF SOME REMOTE ORGAN OR FUNCTION.

GEN. II.

SPEC. III.

Extensive range
of sympathy
between the
uterus and
other organs :
whence the
present species
of disease.

WE have often had occasion to observe that, with the exception of the stomach, there is no organ that holds such numerous ramifications of sympathy with other organs as the womb; and we hence find the progress of parturition disturbed, and what would otherwise be a natural, converted into a morbid, labour, by the interference of various other parts of the body, or the faculties which appertain to them. The whole family of varieties which issue from this source are extremely numerous: but the three following are the chief:—

α Pathematica.

Accompanied with terror or other mental emotion.

* Eph. Nat. Cur., Dec. i. ann. iii. obs. 12.

† Id., Dec. ii. ann. viii. obs. 134. Lieutaud mentions examples, in which the foetus was retained from ten to forty years. When the patient sinks, it is generally from inflammation of the bowels and uterus. In some cases, abscesses follow near the rectum, or in the perineum, from which the foetus is discharged piecemeal. Dr. M'Keever's work on Lacerations of the Womb and Vagina, published in 1824, deserves praise, as containing a good deal of information on the subject. — Ed.

‡ If the woman is saved, the womb decreases, and returns to its former unimpregnated size; the menses return; and she may become pregnant and even bear children, before the expulsion of the extra-uterine foetus. (Journ. de Med., tom. v. p. 422.; Burns, p. 105.) When the child is retained many years in the abdomen, it becomes enclosed in a cyst. In a case of this kind recorded by Dr. Percival, the foetus, at the end of twenty-two years, was expelled from the rectum. (See Ryan's Manual of Midwifery, p. 440.) No doubt some of the instances, reported as cases of ruptured uterus, have been in truth extra-uterine conceptions. — Ed.

§ Progrès de la Médecine, 1698. 12mo. — Abhandlung der Königl. Schwed. Acad. 1744. — Hist. de l'Acad. Royale des Sciences, 1714. p. 29. 1716. p. 32.

β Syncopalis.	Accompanied with fainting.	GEN. II.
γ Convulsiva.	Accompanied with convulsions.	SPEC. III.

In the *PATHEMATIC VARIETY*, the joint emotions which are usually operative upon the patient's mind, and especially on the first labour, are bashfulness on the presence of her medical attendant, and apprehension for her own safety. There is not a practitioner in the world but must have had numerous instances of a total suspension of pains, on his first making his appearance in the chamber. And, in some cases, the pains have been completely driven away for four-and-twenty hours, or even a longer term.

There is nothing extraordinary in this, for two powerful morbid actions are seldom found to proceed in the animal frame simultaneously; and hence pregnancy is well known to arrest phthisis, and the severest pain of a decayed tooth to yield to the dread of having it extracted, while the patient is on his way to the operator's house.

It is hence of great importance, that the bespoken attendant should familiarise himself to his patient before his assistance is required, and endeavour to obtain her entire confidence: and it is better, when he is first ushered into her presence, in his professional capacity, that he should say little upon the subject of his visit, direct the conversation to some other topic of general interest, and then withdraw till he is wanted. And if the idea alone of his approach be peculiarly harassing, it is best for him to be in a remote part of the house in readiness, and not to see his patient, till her pains have taken so strong a hold as to be beyond the control of the fancy.

If her apprehensions for herself be very active, and if there be any particular ground for them, it is most reasonable to enter candidly on the question, and to afford her all the consolation that can be administered.

SYNCOPE, in labour, proceeds commonly from a peculiar participation of the stomach in the irritation of the womb, and is hence often connected with a sense of nausea, or with vomiting. Occasionally it occurs also from the exhaustion produced by the violence of the pains: and particularly in relaxed and debilitated habits, in which case the fainting fits sometimes follow up each other in very rapid succession, and require very close attention on the part of the practitioner and the patient's friends.

The usual remedies should here be had recourse to in the first instance; pungent volatiles should be applied to the nostrils, the patient be in a recumbent position, with the curtains undrawn, and, unless the season of the year prohibit, with the windows open; the face, and especially the forehead and temples, should be sprinkled with cold water or ether; and the usual volatile fetids, aromatics, and terebinthines, as camphor, should be given by the mouth; and to these, if necessary, and particularly where the pulse is feeble and fluttering, should be added a glass or two of Madeira, or any other cordial wine, with twenty drops of laudanum.

If this plan should not answer, and especially if the fainting fits should increase in duration and approximation to each other, the patient must be delivered by the process of turning, as soon as

α *P. sympathetica pathemata.*
Complicated with mental emotion, and hence retarded.
Pains hereby sometimes entirely driven away.
Explained.

Duty of the attendant in relation to the above source of delay.

β *P. sympathetica syncopalis.*

If this do not succeed, the patient to be delivered.

GEN. II.
SPEC. III.

γ P. sympathetica convulsiva.

Proximate cause a peculiar irritation of the womb : hence the only radical cure a termination of the labour.

Predisponent causes.

Occasional causes.

Sometimes produced by entonic plethora.

Description.

Danger of rupturing the vessels in the head from the violence of the action.

Medical treatment.

ever the os uteri is sufficiently dilated to let the hand pass without force.

One of the worst and most alarming of the associated symptoms in labour is that of CONVULSIONS, and these are often connected with fainting fits, and the two alternate with each other. We have already glanced at them generally under SYSPASIA CONVULSIO, but must dwell upon them a little more at large under the present modification.

Convulsions may occur during any period of gestation ; but we are now to consider them as an accompaniment of labour, and as interrupting its progress. Their proximate cause is a peculiar irritation of the nervous system as participating in the irritation of the womb ; and hence it is obvious, that the radical and specific cure is a termination of the labour.

We cannot always trace the link of this peculiar influence of the womb upon the nervous system ; though, where there is a predisposition to clonic spasm of any kind, we can readily account for its excitement, and may be under less apprehension, than where it occurs without any such tendency. The occasional causes of fainting are the same as of convulsions : and hence they are apt to follow, and particularly in delicate or debilitated constitutions, on the fatigue and exhaustion of violent and protracted pains, great depression of the animal spirits, and profuse hemorrhage. Sometimes, however, they occur where none of these are present, and where the patient is of a strong plethoric habit of body, and especially if it be her first time of pregnancy ; and are accompanied with, or even preceded by, a sense of dizziness and oppression in the head, ringing in the ears, or imperfect vision ; the plethora itself thus forming the occasional cause.

The attendant symptoms are peculiarly violent, sometimes resembling those of hysteria, sometimes those of epilepsy, but more vehement. Nothing can restrain the spastic force of a woman when in parturient convulsions, whatever be her natural weakness. The distortion of the countenance is more hideous than the most extravagant imagination can conceive ; and the rapidity with which the eyes open and shut, the sudden twirlings of the mouth, the foam that collects about the lips, the peculiar hiss that issues from them, the stertor, the insensibility, and the jactitating struggle of the limbs, form a picture of agony that cannot be beheld without horror.

The exciting cause is the irritable state of the womb ; and, whatever be the predisponent or occasional cause, whether a debilitated condition of the nervous system, or a robust and entonic fulness of the blood-vessels, it is obvious that such violence of action cannot take place under any circumstances without endangering a rupture of the vessels in the head, and consequently all the mischiefs of apoplexy. It is against this, indeed, that all practitioners, how much soever they may disagree upon other points, most cordially endeavour to guard, though it rarely happens that effusion in the brain, and some of its results, do not take place in spite of all their exertions.

The first step is to open a vein, and bleed copiously from a large orifice, till the patient faints : and if the operator be expert, the

best vein to make choice of is the jugular *: the hair should be immediately removed from the head, and lotions of cold water, pounded ice, or the freezing mixture, produced by dissolving three or four different sorts of neutral salts in water at the same time, be applied all over it by wetted napkins, changed for others as soon as they acquire the least degree of warmth. At the same time, a purgative injection should be thrown up the rectum, and five or six grains of calomel be given by the mouth with a draught of sulphate of magnesia in infusion of senna. The paroxysms must, if possible, be put a stop to, the fatal effects they threaten must be anticipated, and not a moment is to be lost.

This is the general plan; and it is to be pursued under all circumstances, though its extent, and particularly in regard to blood-letting, must be regulated by the strength and energy of the patient. The local mode of treatment seems to be somewhat less decided.

It may happen that at the attack of the fits, the os uteri is merely beginning to open, or that it is of the diameter of a crown piece, but peculiarly rigid and undilatable. There are practitioners who, in this case, confine themselves to the depleting plan, and only wait for the advance of the labour: but, in the state of the uterus we are now contemplating, they may have to wait for some hours before the labour is so far advanced as to render them capable of affording any manual assistance whatever, while the fits are perhaps recurring every quarter of an hour, and threatening fatal mischief to the brain. And, in this case, I cannot but warmly approve of the bolder, or rather the more judicious, advice of Dr. Bland, who, after a due degree of depletion, recommends a full dose of opium, for the purpose of allaying the nervous irritation generally, and particularly that of the uterus, which is the punctum saliens of the whole. A few hours' rest may set all to rights, if no vessel have thus far given way in the head: for when the next tide of pains returns, it will commence under very different circumstances, in consequence of the reducent course of medicine that has been pursued: and it will rarely be found that the whole body of the uterus is not rendered more lax and plastic, and consequently its cervix, and even the os externum, more yielding and dilatable.

But this is not the common course which the uterus takes under these circumstances; for, in by far the greater number of cases, the whole of this organ, the cervix as well as the fundus, is so exhausted in the general contest, as to be more than ordinarily relaxed and flaccid, and dilatable with considerable ease: insomuch that, if the muscular power of the system were now concentrated in a common expulsive effort, as in natural labours, the whole process would terminate in a few minutes. But unfortunately this muscular exertion, instead of being concentrated, is distracted and erratic, and wanders over all the muscles and organs of the system, producing general mischief instead of local benefit: so that whatever pains there may be, they are of far less use than in a state of harmonious action. This may be easily ascertained by introducing

GEN. II.
SPEC. III.
γ P. sympathetica convulsiva.
Treatment.
Copious bleeding, and from the jugular vein.
The head to be kept chilled.
Purgatives.
This plan to be pursued under every modification.

Local medical treatment.
State of the uterus to be cautiously watched.
If the os uteri peculiarly rigid, the practitioner's hand must be quiet: but after depletion a full dose of laudanum must be given.

Commonly, however, the whole uterus relaxed and the mouth easily dilatable.

This state readily capable of being ascertained.

* As the only jugular vein that can be opened is the external, and it does not communicate directly with the sinuses of the brain, modern practitioners do not so frequently bleed in it as their predecessors were accustomed to do. — ED.

GEN. II.

SPEC. III.

γ P. sympathetica convulsiva.

Treatment.

The obvious remedy in this case to break the membranes, and turn and bring away the child.

Such the practice of Mauriceau, Smellie, W. Hunter, and Lowder.

Mauriceau opposed by Roederer, and afterwards by Ross.

In our own day, delivery very often postponed, and the case left to nature.

Arguments for delay.

the hand on a return of the paroxysm, when the uterus will be found to contract, indeed, but with a tremulous undetermined sort of force, perfectly different from what it does at any other time.

The necessary practice in this case should appear to be obvious and without doubt: the medical attendant seems imperatively called upon to introduce his hand into the os uteri, as soon as it is sufficiently open for him to do so without force, to break the membranes if not broken already, lay hold of the child's feet, deliver by turning, and thus put an end to the convulsions at once, and, consequently, to the fatal effects which seemed to await the mother as well as the child.

Such was the practice recommended by Mauriceau upwards of a century since: "La convulsion," says he, "fait souvent périr la mère et l'enfant, si la femme *n'est pas promptement secourue par l'accouchement*, qui est le meilleur remède qu'on puisse apporter à l'une et à l'autre." * This recommendation was adopted generally, and in our own country successively by Smellie, W. Hunter, and Lowder. And although, in circumstances of so much danger, it was not and could not be always successful, yet it was supposed, and with reason, to be the means of saving the life, as well of the mother as of the child, in very numerous instances in which that of one or of both would otherwise have unquestionably perished. Some forty years after the publication of M. Mauriceau's work, Professor Roederer of Goettingen called this practice in question, and recommended that the patient be left to the natural course of the labour†; and we are told by Dr. Denman that, in our own country, Dr. Ross, toward the close of last century, "was the first person of late years, who had courage to declare his doubt of the propriety of speedy delivery in *all cases* of puerperal convulsions. The observation," continues Dr. Denman, "on which these doubts were founded, was merely practical, and the event of very many cases has since confirmed the justice of his observation, both with respect to mothers and children." ‡

The sweeping extent of this censure seems to show, that the practice has often been had recourse to indiscriminately, and without a correct limitation. And the apparent concurrence of Dr. Denman in Dr. Ross's opinion, together with the undecided manner in which he treats of the question in his subsequent pages, has raised up, amongst the most celebrated obstetric physicians of our own day, various advocates for leaving, in general, to nature the case of labour accompanied with convulsions, or at least till the natural efforts of the mother are found completely to fail; and in this last case, as the child's head may be supposed to have cleared the uterus, to have recourse to the perforator or the forceps, according to the nature of the position.

The chief grounds for this proposed delay, as far as I have been able to collect them, are, that the introduction of the hand into the os internum, in the irritable state of the organ we are now contemplating, is more calculated to renew the convulsions than to put an end to them: that a repetition of them, after due depletion has been employed, is not so dangerous as is generally apprehended,

* Traité des Maladies des Femmes grosses, tom. i. p. 23. 4to. Paris, 1721.

† Elementa Artis Obstetricæ. Aph. 679. Goet. 1769. 8vo.

‡ Practice of Midwifery, p. 568. 8vo. 3d edit. 1816.

and consequently that immediate delivery is by no means essential to the patient's safety: and lastly, that we are not sure of putting an end to the convulsions, even after delivery is effected; since it is well known, that they have occasionally continued, and sometimes have not commenced till the process of labour has been long completed.

In reply to this, it may be observed, that if a repetition of the convulsive fits be not so dangerous as is commonly apprehended, a practitioner should feel less reluctance in introducing the hand, even though he were sure of exciting a single fit by so doing: and the more so as this single fit might, perhaps, be the means of terminating the whole, and, consequently, would be a risk bought at a cheap rate. At the same time it should be observed, that general experience does not seem to justify the remark, that a cautious and scientific use of the hand, where the mouth of the womb is sufficiently dilated, becomes a necessary or even a frequent excitement of fresh paroxysms; and the prediction of such an effect is therefore without sufficient foundation. And if there be a considerable chance, as seems to be admitted, that instrumental assistance will be requisite at last, and that the forceps, or what, in the probability of the child's being still alive, is ten times worse, the perforator, must be called into action, how much more humane is it, as well as scientific, to employ instrumental aid at first, and thus save the pain and the peril of perhaps many hours of suffering — and particularly when the soft, and supple, and plastic instrument of the hand, may supersede the use of the ruder, and rougher, and less manageable tools of art?

But the most important part of the question is, as to the actual degree of danger induced by convulsions: and to determine this, nothing more seems necessary, than to put the whole upon the footing of an impending apoplexy. It is possible, that no effusion in the brain may have taken place at the time when the depleting plan has been carried into execution; but if the paroxysms should still recur, surely few men can look at the violence of the struggle which they induce, at the bloated and distended state of the vessels of the face and of the temples, at the force with which the current of blood is determined to the head, at the stertor and comatose state of the patient during the continuance of the fit, without feeling the greatest alarm at every return. And that he does not feel in vain is clear, because in various instances the insensibility continues after the paroxysm is over, accompanies her through the remainder of her labour, and is the harbinger of her death.

Regarding puerperal convulsions, then, as a case of impending apoplexy, produced by an exciting cause which it is often in our power to remove, it should seem to follow as a necessary and incontestable result, that in this, as in every other case in which the same disease is threatened, our first and unwearied attempt should be, to remove such cause as far as it may be in our power.

The present author's opinion was once requested upon a case of this very kind; but it was by the connections of the patient, who had already fallen a victim to her sufferings. She had been attacked with natural labour-pains, and was attended by a female, who, alarmed by the sudden incursion of a convulsion fit, sent

GEN. II.
SPEC. III.
Parodynia
sympathetica.
Treatment.

Arguments
examined and
replied to.

Question fur-
ther examined.

General con-
clusion.

Striking illus-
tration.

GEN. II.
SPEC. III.
Parodynia
sympathetica.
Treatment.

immediately for male assistance. The practitioner arrived, and a consultation was soon held with several others: the os uteri is admitted to have been at this time open to the size of a crown-piece, soft, lubricous, and dilatable. The depleting and refrigerant plan was, however, confided in alone, and the labour was suffered to take its course. Expulsory pains followed at intervals, but the convulsions followed also, and became more frequent and more aggravated: in about six hours from the time of venesection, the patient became permanently insensible, and as the child's head, completely cleared of the uterus, had now descended into the pelvis, it was determined to deliver her by the forceps, which was applied accordingly; and, in about an hour afterwards, a dead child was brought into the world, whose appearance sufficiently proved that it had not been long dead.

The source of irritation had now ceased, and with it the convulsions; but the patient continued comatose still: yet even this effect went off in seven hours afterwards, and she revived, and gave considerable hopes of recovery. On the second day, however, in consequence of the accession of milk-fever, the convulsions returned, immediately followed with stertor and insensibility, and, on the ensuing day, she died apoplectic.

How far a
general issue
may be drawn
from a single
case.

The author's
view supported
by various au-
thorities, as
Smellie, Per-
fect, Burns.

To reason from a single instance, whether successful or unsuccessful, is often to reason wrong. Yet it is difficult to avoid conjecturing, that if immediate delivery had here taken place as soon as the sanguiferous system had been duly emptied, and when the state of the uterus was so favourable for a trial, two lives might have been spared, both of which were lost under the course pursued.* It is true, the fits returned with the milk-fever, but had the brain been less injured, there would have been far less danger of such return. The cases of Dr. Smellie and of Dr. Perfect concur in justifying such a conjecture: and the following passage of Mr. Burns should be committed to memory by every student and every practitioner. "But this is not all," adverting to the necessity of a free depletion; "for the patient is suffering from a disease connected with the state of the uterus, and the state is got rid of by terminating the labour. Even when convulsions take place very early in labour, the os uteri is generally opened to a certain degree, and the detraction of blood, which has been resorted to on the first attack of the disease, renders the os uteri usually lax and dilatable. In this case, although we have no distinct labour-pains, we must introduce the hand, and slowly dilate it, and deliver the child. I entirely agree with those who are against forcibly opening the os uteri: but I also agree with those, who advise the woman to be delivered as soon as we can possibly do it without violence. There is, I am convinced, no rule

* It often happens that the os uteri does not dilate during the most violent convulsions, and consequently delivery cannot be effected. In such cases the French apply the extract of belladonna to dilate the uterine orifice, and when this fails, the woman and infant being in danger, Boelin recommends incisions through the os uteri. In such a case Dr. Ryan joins Dr. Ashwell in preferring the dilatation of the part with the fingers, as affording the mother and infant a much better chance of life. Should the woman die undelivered, the Cæsarean operation ought to be performed shortly after death—in about ten minutes, according to the latter practitioner. — Ed.

of practice more plain or beneficial. Delivery does not, indeed, always save the patient, or even prevent the recurrence of the fits, but it does not thence follow, that it ought not to be adopted." *

GEN. II.
SPEC. III.
Parodynia
sympathetica.
Treatment.

SPECIES IV.

PARODYNIA PERVERSA.

CROSS-BIRTH.

LABOUR IMPEDED BY PRETERNATURAL PRESENTATION OF THE
FETUS OR ITS MEMBRANES.

IN the ordinary course of gestation, the fetus is rolled up into as small a compass as possible, with the breast uppermost and the head dependent, the legs incurvated, and the arms folded: the placenta rises from some part of the fundus uteri, and the umbilical cord hangs at perfect ease in loose folds, or is sometimes turned loosely round the body, thus forming an ellipse, whose longer axis corresponds to the longer axis of the uterus. Why the head rather than the breast, or indeed any other part of the fetus, should so uniformly constitute the point of presentation, we know not, excepting that it is by far the most commodious point for delivery; and we can hence only resolve it into one of those striking laws of nature, which are ever aiming at accomplishing the best ends by the best means, and afford an unvarying and unequivocal proof of design, united with benevolence and power. †

GEN. II.
SPEC. IV.
Natural position
of the fetus in
the womb.

This position
most commo-
dious for de-
livery; and
dependent upon
an instinctive
law of nature.

Here, however, as in every other part of the animal economy, we meet with occasional deviations from the ordinary course of nature, and deviations which are always productive of evil. For it sometimes happens, from incidental causes that are totally concealed from us, that some other part of the child is lowermost, or presents itself instead of the head; or that the placenta rises in an unfavourable part of the womb, or that the navel-string hangs down below the head, and is constantly in danger of being strangled as the child passes through the sharp bones of the pelvis: and hence, we have the following varieties of morbid condition under the present species:—

Morbid devi-
ations from this
position.

- | | |
|-----------|---------------------------|
| α Faciei. | Presentation of the face. |
| β Natium. | ———— of the breech. |
| γ Pedis. | ———— of one or both feet. |

* Principles of Midwifery, p. 359. 3d edit. 8vo. 1811.
† M. Viery states, that, in those pregnant animals of the multiparient kind, which he has dissected, he always found in the horns of the uterus the snouts pointing to the vulva. In a gravid viper which he opened, all the young, eight in number, were placed with their mouths directed towards the external parts. In the egg the head is always directed to the large end, and that end protrudes first; and the same thing occurs with respect to the ova of fishes. The larvæ of insects pass out with their heads foremost; the chrysalis eats through its silky shell; and the caterpillar through its silky covering. Thus we see that nature is here regulated by one common law. See Ramsbotham's Lectures, Med. Gaz. for 1834, p. 465. — ED.

GEN. II.
SPEC. IV.
Parodynia
perversa.

δ Brachialis.
ε Transversalis.
ζ Funis prolapsi.
η Placentæ.

Presentation of one or both arms.
———— of the shoulder.
Prolapsed navel-string.
Presentation of the placenta.

Present work
not designed to
instruct in the
manual or arti-
ficial operations
of the obstetric
art :

but merely to
take a view of
the conditions
in which they
will be found
necessary :
and to offer
general remarks.

Presentation of
the child un-
known before
the time of
labour :

and not posi-
tively to be
spoken of till
the membranes
have broken.

Explained.

Hence appre-
hensions of
pregnant
women drawn
from imaginary
tokens un-
founded :

such tokens
being often pre-
sent in the
natural pre-
sentation and
absent in pre-
ternatural.

Mechanical
means rarely
necessary in any
of the varieties
of presentation
belonging to
this species.

Face present-
ation.

As it is by no means the object of the present work to instruct in the manual or artificial operations of the obstetric art, the author must limit himself to pointing out the different morbid conditions, in which such operations will be found necessary. Their nature, mode of accomplishment, and effective instruments, are only to be learnt by works written professedly on the subject, or, which is infinitely better, by an attendance on lectures, and such initiatory practice as the obstetric schools afford. A few general, or incidental, remarks are all that the author can undertake to add to the above table of morbid presentations.

There is no mode of determining what may be the presentation of a child before the commencement of labour, and, even at that time, it is most prudent for a practitioner to speak with some hesitation on the subject till the membranes have actually broken, and the position is fully decided. For, though the real presentation is often sufficiently ascertainable through the membranes themselves, and particularly on the natural descent of the head, yet it has occasionally happened that, on the breaking of the membranes, the head has receded, and the shoulder or some other part taken its place ; and there are cases, in which the opposite and more fortunate change has occurred of a recession of a presenting shoulder and a descent of the head in its stead.*

There is hence no foundation for those apprehensions which are often entertained by a pregnant woman respecting the misposition of the child, drawn from some peculiar symptom or feeling which she has never been conscious of on former times, as a singularity in the shape of the abdomen, a sense of the child's rising suddenly towards the stomach, or a numb or painful uneasiness in one leg more than in another. These, and hundreds of other anomalous sensations, have occurred in cases where the presentation has at last been found natural, and the labour has proved highly favourable ; while, on the contrary, it is very rarely, when a cross-birth is detected, that it has been particularly apprehended by any precursive tokens whatever. And the minds of the timid may hence be comforted in the midst of all the peculiarities, on which they are accustomed to hang with daily alarm.

It will rarely be found necessary to have recourse to any mechanical instrument in any of the varieties we have enumerated above ; and in some of them, as the breech and foot presentations, the expulsive powers of nature generally are sufficient alone, at least till the head descends into the pelvis, at which time it will be found necessary, whenever the arms lie over the head, to introduce a finger or two, and gently draw them down.

Where the face presents, or any other part of the head than the vertex, it was formerly the custom to deliver by turning ; but a skilful practitioner of the present day is commonly able, by a dextrous pressure of one or two fingers against particular parts of

* Joerg, Hist. Part., p. 90. Burns, ut suprà, p. 292.

the head, and especially if attempted in an early stage of labour, to give the organ a right direction without introducing the hand.

On the presentation, however, of a shoulder or of one or both arms, it will be expedient to turn as soon as possible; or, in other words, as soon as the mouth of the womb is sufficiently dilated for this purpose. It is singular that, while, under the old practice, delivery by the feet was often endeavoured in face cases, attempts were made in arm and shoulder cases to bring down the head, and reduce the labour to a natural course. This, it seems, has been done, and may be done, but with so much fatigue and exhaustion to the patient as to run the risk of incapacitating her for any subsequent efforts, if she do not even fall a sacrifice to a flooding, as in a case related by Dr. Smellie. It is by the successful exertions of Paré and Mauriceau that the better practice of the present day has obtained a triumph over all Europe. Yet, in justice to the obstetric practitioners of ancient Greece, it should be observed, that the modern method is little more than a revival of their own, which unaccountably sunk into disfavour: for we are told by Ætius, that Philomeles discovered the method, at that time in common use, of turning and delivering children by the feet in all unnatural presentations. Where, however, the child is small, or of premature birth, it may sometimes be taken away without changing the presentation: for the obstetric writers abound in examples of delivery, effected under such circumstances by pulling down the arm, and drawing the head into the vagina.*

It sometimes happens, that the shoulder is so far advanced into the pelvis before the arrival of the practitioner, or from the vehement force of the uterus, that it is impossible to raise or move the child by the utmost power of the operator: and the state of the case seems to leave the woman without any hope of relief. At this very moment, however, and by these very means, the wise and benevolent law of instinct or of nature is interposing to the relief that is despaired of. This wonderful process, though occasionally noticed by earlier writers, and foremost of all perhaps by Schoenheider, in the Copenhagen Transactions†, was first fully illustrated and explained by Dr. Denman, who distinguished it by the name of a SPONTANEOUS EVOLUTION. His explanation is best given in his own words:—“As to the manner in which this evolution takes place, I presume that, after the long-continued action of the uterus, the body of the child is brought into such a compacted state, as to receive the full force of every returning action. The body in its double state being too large to pass through the pelvis, and the uterus pressing upon its inferior extremities, which are the only parts capable of being moved, the latter are forced gradually lower, making room, as they are pressed down, for the reception of some other part into the cavity of the uterus which they have evacuated, till, the body turning, as it were, upon its own axis, the breech of the child is expelled, as in an original presentation of that part: and consequently is delivered by nature

GEN. II.
SPEC. IV.
Parodynia
perversa.
Shoulder or
arm present-
ation.

Spontaneous
evolution in
shoulder cases.

Nature of such
evolution
explained.

* Gardner, Med. Comment., vol. v. 307. Baudelocque, Sect, 1530. Burns, ut suprà, 303.

† Act. Hafn., tom. ii, art. xxiii.

GEN. II.
SPEC. IV.
Parodynia
perversa.

To what cir-
cumstances
limited.

In all these
cases the waters
to accumu-
late, and the
membranes to
be left un-
broken as long
as may be.

Funis pre-
sentation.

Head does not
always rapidly
follow the de-
scent of the
body in conse-
quence of ex-
haustion local
or general.

Hence the
funis in danger:
and the child
often born in a
state of
asphyxy.

The common
practice to
divide the funis
immediately,
and use stimu-
lant means.

at the time she least expected it." Dr. J. Hamilton, however, has justly observed, that this evolution can only take place where the action of the uterus can produce no exertion on the presenting part, or where that part is so shaped that it cannot be wedged in the pelvis: and he might have added, where the woman is in full strength, and the uterus is capable of exercising a strong expul-sory power. And hence, it is a chance that should never be trusted to, or suffered to interfere with the common practice of delivering by the feet, wherever this can be accomplished.

In all the above cases, it is a general rule, and one of great im-portance, to suffer the water of the amnios to accumulate towards the neck of the womb as largely as possible, and to leave the membranes unbroken as long as may be.

A presentation of the funis is another difficulty often of consider-able moment in the progress of labour: for it is obvious that by a check to the pulsation, either actually taking place, or being greatly endangered in every pain by the violent pressure of the head or of any other part against the mouth of the uterus, or afterwards against the sides of the pelvis, and consequently against the funis itself, the life of the child is in imminent hazard, and, without the exercise of considerable skill, may inevitably be lost. If it be possible to return the prolapsed part of the funis round the head as it is descending, or to hook it against the hand or some other part, so as to keep it clear of pressure, this ought to be done by all means. But, if this be impossible, the child must be turned, as soon as turning is practicable, from the dilated state of the os internum: or if the head should have reached the pelvis before the accident takes place, the labour must be accelerated by the patient's using her utmost efforts during every pain; and, if she be too much exhausted for concentrating her strength, it must be quickened by the use of the forceps. But, if the pulsation in the cord have already ceased, and we have hereby a proof that the child is already dead, the labour is to be suffered to take its natural course.

It sometimes happens, however, that after the child is turned, and the head does not follow the body so speedily as could be wished, from the patient being greatly exhausted,—and the same frequently occurs in breech-cases, in consequence of the pro-tracted length of the labour in this presentation,—there is still a considerable danger to the navel-string, from its pressure between the child's head and the pelvis. This should be remedied, as much as possible, by giving the funis full play between the pains. But it frequently occurs, in spite of the utmost caution, that the pulsation is suspended, and the child is born in a state of as-phyxy, and apparently lifeless.

The common practice in this case is to tie the navel-string as quickly as possible, remove the child from the mother to the warmth of the fire-place, and endeavour to stimulate the lungs into action by breathing forcibly into the mouth while the nostrils are closed. Friction with a warm hand, and with the conjoint aid of some pungent volatile, is at the same time applied actively to the chest; and if this do not succeed, the nostrils are attempted to be roused with ammonia, or the fauces with a teaspoonful of brandy and hot water, to excite sneezing or coughing. All this is

well; but there is a great, and, I am afraid, not unfrequently a fatal, error in thus separating the navel-string, and removing the child from the mother. While it continues united, it has two chances of recovery, that of the action of the lungs, and that of the reaction of the umbilical artery. By removing it from the mother, we allow it but one chance, and that, in my opinion, the feeblest. The expansion of the lungs is altogether a new process, and, like other new processes, does not always take place with great promptness, even where the child is in full life and vigour, and the umbilical artery in regular pulsation; for it is sometimes half a minute, or double this time, before the child begins to cry, which is the first proof of its respiring. But the flow of the blood through the umbilical artery is an established habit, and, like all other habits, has a powerful tendency to recur if we give it time and favour; and must derive an additional tendency from the stimulus of the posterior placental vessels, which are still pulsating, and operating with a *vis à tergo*. Of the various cases of asphyxy on birth which I have witnessed, by far the greater number have proved fatal when treated in the former way, and successful when treated in the latter; and the explanation here given will readily account for the difference.

The PLACENTA itself may, also, form a preternatural presentation, and add much to the difficulty and the danger of labour. We have said, that this rises ordinarily from some part of the fundus of the uterus, though it may originate from its sides, or from some other quarter, for there is no quarter of the womb which may not become its source. Hence it occasionally takes its rise more or less over the mouth of the womb; and while this part of the womb continues quiescent, it produces no more inconvenience there, than any where else. But the moment labour commences, or even, in the latter months of parturition, when any cause whatever irritates the mouth of the womb, and in any degree puts it upon the stretch, some of the placental vessels must necessarily become ruptured and a hemorrhage ensue. So long as this is small in quantity, and does not frequently return, it will be sufficient to enjoin quiet, a recumbent position, and that the bed be not heated with a profusion of blankets. But if the hemorrhage be considerable, whether before the full time of labour, or on its accession, or in any part of it, there is no perfect safety but in delivery, and hereby giving the ruptured vessels an opportunity of closing their mouths. The difficulty is less than a young practitioner might at first expect: for he may be sure, from the hemorrhage itself, that the os uteri is both dilated and dilatable, since, if this did not give way, neither would the vessels which produce the hemorrhage.

Upon the whole, the proportion of unnatural deliveries to natural is but few; and of these it is pleasing also to reflect, that the more they are connected with difficulty or danger, the more rare is their occurrence: insomuch that, comparing the statements of Professor Magele, of Heidelberg*, with those of several of the most eminent accoucheurs of our own country, as Dr. Bland and Dr. Merriman, we may calculate, that a breech case may be expected

GEN. II.
SPEC. IV.
Parodynia
perversa.
This practice
erroneous, so
far as relates to
dividing the
funis before
respiration.
This opinion
explained and
illustrated.

Presentation
of placenta.

Unnatural
labours propor-
tionably but
few.
Their respec-
tive averages.

* Uebersicht der Vorfälle in der G. H. Entbindungsanstalt zu Heidelberg, &c. 1819.

GEN. II.
SPEC. IV.
Parodynia
perversa.

about once in fifty times; a foot case once in eighty; and the more dangerous presentations of the arm, breast, or funis scarcely twice in five hundred births.

SPECIES V.

PARODYNIA AMORPHICA.

IMPRACTICABLE LABOUR.

LABOUR IMPEDED BY MIS-CONFIGURATION OF THE FETUS, OR
OF THE MATERNAL PELVIS.

GEN. II.
SPEC. V.

In natural labour mutual adaptation of the head and the pelvic passage.

This mutual adaptation sometimes interfered with by the figure of the child's head, or the maternal pelvis, so much so as to render a passage impracticable.

The proportions sometimes so near as that delivery, though not practicable by natural efforts, may be obtained by the aid of mechanical instruments.

Necessary diameter of the pelvis.

IN natural labour, the size of the head is adapted to the diameter of the pelvis it has to pass through: in some children, indeed, the head is rather larger than in others, or has a difference of shape; and we meet with a like difference in the area of the pelvis: and these circumstances may prolong the labour, though the expulsive powers of the mother will ultimately triumph over the resistance.

But it unfortunately happens, that the head is sometimes so enlarged by monstrosity of structure, hydrops capitis, or some other disease, or that the maternal pelvis is so deformed in its make, that the child cannot pass through the passage, and delivery becomes altogether impracticable.

There is, however, an intermediate state between the natural size of the pelvis with a head of a natural size applied to it, and that of absolute impracticability from the utter inaccordance of the head to the opening; in which, though the most violent and best-directed pains of the mother may not be sufficient to produce expulsion, this object may be effected by the assistance of instruments co-operating with the natural efforts.

What space of pelvis is absolutely necessary to enable a living child, at its full time, to pass through it, has not been very accurately settled by obstetric writers, some maintaining, that this cannot take place where the conjugate diameter is less than two inches and a half, though it may till we reach this degree of narrowness; and others, that it cannot take effect under three inches. The difference in the size of the head in different children on their birth, and of the thickness of the soft parts within the pelvis in different women, may easily account for this variation in the rule laid down. It is clear, however, from the acknowledgment of both parties, that if the dimension of the pelvis be much under three inches, delivery cannot be accomplished without the loss of the child: and it is also clear, that if the head be much enlarged beyond the natural size from any cause whatever, it cannot pass even through the ordinary dimensions, thus giving us the two following sources or varieties of difficult labour from an amorphous cause:—

α A fetû.

The fetus deformed by a preternatural magnitude of head, or some other morbid protuberance.

β Pelvica.

The pelvis contracted in its diameter by natural deformity, or subsequent disease or injury.

GEN. II.

SPEC. V.

Parodynia
amorphica.

The judgment of more importance than a direct measure of the pelvis in every separate case.

Patient to be allowed to proceed naturally in doubtful cases till the powers of body and mind begin to fail, and then the use of the vectis or the forceps.

But the case may not admit of a passage for the child, even with instruments.

In this case the means to be resorted to are threefold: a reduction of the head: a division of the symphysis: or the Cesarean section.

Reduction of the head by the perforator.

This to be employed without hesitation where the head is morbidly enlarged: and on what grounds.

But the pelvis may be so deformed as to render delivery even in this way impracticable.

It is by no means easy to determine what is the actual measurement of the hollow of the pelvis in a living woman, and particularly during the time of labour: and hence, how useful soever it may be to be acquainted with what ought to be its precise capacity as taken under other circumstances, the judgment must chiefly determine as to the practicability or impracticability of the passage from a calm attention to the individual case at the time, and particularly where the difficulty proceeds from the form of the child, rather than from that of the mother. If, in well weighing the circumstances, the question remain doubtful, the patient should be allowed to proceed with her natural exertions alone, or such only in addition as the hands may be able to afford, till the strength is considerably exhausted, and the mind participates in the depression of the body. And if, at this time, as will probably be the case, the head has descended so low as to be in contact with the perinæum, and an ear can be felt, it would be imprudent to delay any longer assisting her with the vectis or the forceps.

But the case may not be doubtful, and the passage may be so much contracted as to render all attempts to accomplish delivery by the hands or the ordinary instruments totally ineffectual from the first. In this situation, other means must be resorted to, or the mother and the child must both perish, worn out by fatigue, and perhaps rendered gangrenous in the points of contact from irritation and inflammation.

The means on this occasion are the three following: the practitioner may reduce the head of the child by the crotchet or perforator. He may, in a small degree, enlarge the diameter of the pelvis by dividing the symphysis pubis. Or, he may make a section through the abdomen into the uterus.

The first of these methods is designed to save the mother by a voluntary sacrifice of the child. The two last give a chance to the child, but, at an imminent hazard of the mother.

Where the difficulty proceeds from a morbid enlargement of the child's head, the question as to which of these three methods of treatment should be adopted, ought not to admit of a moment's delay. The child is, perhaps, dead already, or, if not, it is not likely that it would long survive the deformity it labours under, or live so as to render life a blessing: and the life of a sound woman must not be risked, and still less sacrificed, for the chance of saving an unsound child. The head, therefore, ought to be diminished, and consequently the perforator had recourse to.

But there are instances of a deformity of the pelvis so considerable, that the perforator cannot be employed to any advantage: for how much soever the cranium may have been broken down, there may not be breadth enough to extract the child in any way. And this will always be the case where the range of the pelvis is under an inch and a half from the pubis to the sacrum, or on either side. Dr. Osborn asserts, that he once succeeded in removing a child by means of the crotchet in a case, where the widest side of the pelvis was only an inch and three quarters broad, and not more

GEN. II.
SPEC. V.
Parodynia
amorphica.

Hence some
other plan must
be pursued.

Division of the
symphysis of
the ossa pubis,
how far appli-
cable.

This operation,
when first pro-
posed,
and by whom.

By whom first
tried.

Success of M.
Sigault.

History of his
first case.

Extent to which
the bones will
separate in
pregnancy com-
pared with their
power at other
times.

than two inches long*; which is a capacity so narrow as to throw some doubt upon the accuracy of the measurement in the minds of many practitioners†, and certainly so narrow as to form an unparalleled case in the annals of the obstetric art.

In situations, therefore, of this kind, some other plan must be pursued even to save the life of the mother; and the only plans that can even be thought of are that of dividing the symphysis of the pubes, and that of the Cesarean section.

Towards the latter months of pregnancy, there seems to be a disposition in the bones of the pelvis to separate at their symphysis, insomuch that some pregnant women are sensible of a motion at the junction of the bones, especially at that of the ossa pubis.‡ This has been known to anatomists for some centuries, and about seventy years ago, for the first time, gave rise to a question, whether advantage might not be taken of this tendency in cases of pelvic contractions, to enlarge the space by dividing the ossa pubis at their symphysis, and thus obtain the same end as is answered by the Cesarean section, with a considerable diminution of risk. The operation seems first of all to have been proposed by M. Louis of the French Academy of Surgery to Professor Camper of Groningen, who tried it first on a dead female body, and found it would afford space, and next on a living pig, which, for some days afterwards, was incapable either of walking or standing, but in a few weeks perfectly recovered. He was then desirous of trying it upon a young woman condemned to death at Groningen, but did not succeed in his request. Not long afterwards, however, it was performed with complete success by M. Sigault of Paris upon the wife of a soldier, who had hitherto borne four children, each of which, from the mother's misformation, was obliged to be extracted piecemeal. The section of the cartilage, connecting the ossa pubis, enabled the bones to be separated, according to his account, by a chasm of two inches and a half; and yielded a free passage to the child in four minutes and a half. The wife, with her husband and child, a few weeks afterwards, presented themselves to the members of the faculty assembled in their hall. The patient walked steadily, and was found to be perfectly recovered.§ Mr. Le Roy, who was requested to attend on the occasion, tells us, that the same operation was afterwards performed by two other practitioners on two other women, and, in both cases, with an equally happy termination. He also observes, that although, in an unimpregnated state, the bones of the pelvis cannot be made to separate upon a division of the symphysis to a space of more than an inch, which would be insufficient for the purposes proposed, the additional softness and flaccidity which take place during pregnancy, as well in the bones and cartilages as in the muscles, is so considerable, that a separation of two inches and a half may be easily effected in labour, and was effected in the above cases, while the same bistoury that divided the soft parts, easily also divided the cartilage. || In various other parts of the

* Osborn's Essays, p. 203.

† Burn's Princ. of Midwifery, p. 351.

‡ Denman, Pract. of Midwifery, p. 46. 446.

§ Med. Comm. Edin., vol. v. p. 214.

|| Recherches Historiques et Pratiques sur la Section de la Symphyse du Pubes, &c. Paris, 8vo. 1778.

continent, and especially at Mons and in Holland, it has been repeated with complete emancipation both to the child and mother. Dr. J. H. Myers, who witnessed it at Paris, speaks of it in the highest terms of commendation. He says, that the length of the incision does not exceed three inches, and that the whole operation is over in less than five minutes: while, in the Cesarean operation, the wound is necessarily more than nine inches long, the uterus is divided, and the surrounding viscera are uncovered. "I have seen," says Dr. Myers, "the operation twice performed in this capital with every possible success. The last patient, while I am writing, is in the room, coming to show herself in justice to her operator. It is only eighteen days since the operation was performed, and she is in perfect health, and by no means injured by it." *

The operation, however, has been decried, and in some instances, has certainly failed; but there appears to be some doubt whether, in several of these cases at least, if not in all, it was conducted with a sufficient degree of dexterity and skill: for when we are told by one operator that, after the division of the symphysis, he could not effect an opening of much more than a finger's breadth, and by another, that the utmost extent of the hiatus was not more than an inch and a half, and compare these remarks with the following assertion of Dr. Myers upon this very point, it is difficult to come to any other conclusion. "The moment," says he, "the division is made, there is an enlargement of the pelvis, I venture to say, to any extent desired: the last I saw was three inches, accurately measured by an instrument called *pelvimètre*, contrived by M. Trainel." To which we may add, that M. de Lambon performed the operation twice on the same patient; in the first instance, without injury to the mother; and, in the second, with success to both mother and child.†

After these decisive facts in its favour, to which the reader may add others from the volume of Nosology, I cannot but conceive, that the prejudice against it, in our own country, has been carried too far. One trial alone has been made amongst ourselves, and that with an unsuccessful issue. But the chief opposition to it seems to have proceeded from the discountenance of Dr. Denman, added to certain experiments made in relation to it by Dr. William Hunter‡, which do not seem to have been conducted under circumstances that can fairly call in question the truth of the preceding statements.

"Immediately," says Dr. Denman, "after the accounts of the operation were brought into this country, wishing, as a matter of duty, to understand the ground of the subject, I had a conference with the late Mr. John Hunter, in which we considered its first principle, its safety; and after the most serious consideration it was agreed that, if the utility could be proved, there appeared from the structure of the parts, or from the injury they were likely to sustain by the mere section of the symphysis, no sufficient objection against performing it. Of its real utility it was,

[GEN. II.
SPEC. V.

Parodynia
amorphica.

Operation since
performed in
various other
parts.

Account of the
operation given
by Myers.

Operation de-
cried from oc-
casional
failure: and
sometimes per-
formed un-
skilfully.

Performed by
Lambon twice
on the same
patient.

Undue preju-
dice against the
operation in our
own country.

Whence its
origin.

Character of the
operation as
given by
Denman:

* Edin. Med. Comm., vol. vii. p. 453.

† Leake's Practical Observations on the Acute Diseases of Women, 8vo.

‡ See also Osborn's Essay on Laborious Parturition, in which the division of the symphysis pubis is particularly considered, 8vo. Lond. 1783.

GEN. II.
SPEC. V.
Parodynia
amorphica.
and experiments
to prove its
range and
safety.

Examination
of the above
experiments.
In what re-
spects incon-
clusive.

General result.

Division of the
symphysis un-
availing when
the passage is
extremely
narrow.

however, impossible to decide before many experiments had been made on the DEAD body, to ascertain the degree of enlargement of the capacity of the pelvis, well-formed or distorted, which would be thereby obtained. Such experiments were soon made, and their result published by the late Dr. Hunter; and these proved on the whole that, in extreme or great degrees of distortion of the pelvis, the advantage to be gained was wholly insufficient to allow the head of a child to pass without lessening its bulk: and, in small degrees of distortion, that the operation was unnecessary, such cases admitting of relief by less desperate methods. They proved, moreover, that irreparable injury would be done by attempts to increase the common advantages gained by the section of the symphysis by straining or tearing asunder the ligaments, which connect the ossa innominata to the sacrum, and to the soft parts contained in the pelvis, particularly to the bladder.*

Now it did not require these experiments to prove that this operation, or almost any other, would become mischievous if unskilfully performed, but surely it was something too much to endeavour to set aside the facts and results known to have taken place in very numerous instances in the *living* body, and to call in question the veracity of those who made them and those who witnessed them, by facts and results made merely on the *dead* body, without one single experiment on the body while alive and in the peculiar circumstances, under which alone it is admitted, that the facts and results contended for could possibly take place.

Upon the whole, it is allowed in the passage just quoted, as the concurrent opinion of Dr. Denman himself, Mr. John Hunter, and apparently Dr. William Hunter, and this, too, after "the most serious consideration,"—that "there appears from the structure of the parts or from the injury they are likely to sustain, by the mere section of the symphysis, no sufficient objection against performing the operation." That it will answer in every degree of a contracted pelvis was never asserted by its most sanguine advocates, but only in cases where the constriction was somewhat too considerable to allow of the extraction of the child by the forceps. And lastly, it is after all admitted by Dr. Denman himself, that where the life of a child is of more than ordinary importance from public or other considerations, and the mother, who is in labour with it, possesses a pelvis so deformed and contracted, that it cannot pass through the passage in its present state, "there the section of the symphysis of the ossa pubis might be proposed and performed,—being less horrid to the woman than the Cesarean operation, and instead of adding to the danger, giving some chance of preserving the life of the child."†

It is perfectly clear, however, that, be the advantages of dividing the symphysis what they may when the pelvis is under certain

* Denman's Practice, &c. 447.

† Denman, ut *suprà*, 449. On the continent, the section of the symphysis of the pubes was repeated with various success. Thirty-six cases are well authenticated, in which fourteen women died, and half the children were still-born. It has only been performed once in Great Britain; Mr. Welchman, the operator, has given the particulars of it in the London Medical Journal for 1790. See Ramsbotham's Lectures, as published in Med. Gaz. for 1834, p. 404. — Ed.

states of deformity, it is an operation that can never be of any avail where the passage is so narrow that the child cannot be brought away piecemeal even by the use of the perforator. And, in such circumstances, the only alternative is to leave the patient to nature, in the slender and desperate hope, that the pains may gradually wear away as the parts become habituated to the irritation, and the child, as in many cases of extra-uterine fetation, be thrown out in detached fragments by an abscess; or to have recourse to what has been called the *CESAREAN OPERATION*, and deliver by making a section into the uterus through the abdomen.

The love of offspring, or a sense of duty, has been so prevalent in some women as to induce them to submit to this severe trial in cases where the pelvis has by no means been so straitened as we are now contemplating. And these motives not being confined to any particular age, the operation is of considerable antiquity, and is particularly noticed by the elder Pliny, who tells us, that the elder Scipio Africanus, and the first of the Cesars, were brought into the world in this manner, and adds, that the name of Cesar was hence derived "*à cæso matris utero.*"* In recent times, one of the earliest cases, in which it was submitted to, was that of the wife of a cattle-gelder at Siegenhausen in Germany, in the beginning of the sixteenth century. The child, it seems, was, from its size, supposed to be incapable of being expelled in the natural way, and the operation was performed by the cattle-gelder himself. Bauhin, in his Appendix to Rousset, who was a warm supporter of the practice, and wrote in favour of it in 1581, tells us, that this woman did well and bore several children afterwards in the natural way. There are a few other instances related of its having been executed in a similar way, and with equal success; particularly one performed in Ireland, by an uninstructed midwife, whose instrument was a razor. The case is related by Mr. Duncan Stewart †, who saw the woman a few days after the operation. She was well in about a month. Among regular practitioners, however, it has been generally opposed on account of its very doubtful result, from the time of Paré and Guillemeau, who warmly resisted its employment. Dr. Hull not long since made a collection of all the cases, in which the operation has been performed both at home and abroad, and calculated them at 231, of which 139, being considerably more than half, had proved successful. ‡ The German collections, indeed, give various examples of its having been repeated several times on the same person: and M. Trestan narrates the extraordinary history of one woman, who had submitted to it not fewer than seven times. § One of the latest examples is, I believe, the case furnished by Dr. Locker of Zurich, in which the mother and child were both happily preserved. ||

Under this view of the subject, it is singular to observe the general fatality, at least to the mother, with which the Cesarean section has been followed in our own country. "There are, I think," says Mr. Burns, "histories of twenty cases, where this

GEN. II.

SPEC. V.

Parodynia
amorpha.

In which case the patient must be left, or recourse had to the Cesarean operation.

Maternal love, or a sense of duty, has often prevailed on women to submit to this operation: and from a remote period of the world.

Scipio Africanus and the first of the Cesars thus born.

Revived in recent times. Examples in Germany:

in Ireland:

Result upon the whole very doubtful.

Proportional fatality.

Has been performed several times on the same person.

Case of late occurrence.

Has proved peculiarly fatal in our own country.

Exemplified,

* Hist. Nat., lib. vii. cap. ix.

† Edin. Med. Essays, vol. v. p. 360.

‡ Translation of M. Baudelocque's Memoir, p. 233.

§ Journ. de Médecine, tom. xxxvi. p. 69.

|| Med. Chir. Trans., vol. ix. p. 11.

GEN. II.
SPEC. V.
Parodynia
amorphica.
Want of suc-
cess, how ex-
plained by
Hamilton.

operation has been performed in Britain: out of these only ONE woman has been saved, but ten children have been preserved." *

At Edinburgh, Mr. Hamilton remarks †, that it had been performed five times at the date of his publication: and that, in no instance, had the patient had the good fortune to survive it many days. Of the last case he was an eye-witness, and it was only resorted to after every other means had proved ineffectual: the child was saved, but the mother survived only six and twenty hours. This ingenious writer enters with great pertinence into the question to what cause so general a failure is to be ascribed. And while he admits, that nervous or uterine irritation from the wound, internal hemorrhage, or an extravasation into the cavity of the abdomen, may each have an influence; he is disposed to think, that its ill success is principally to be imputed to the effect, which access of air is well known to have on viscera exposed and in a state of irritation. Dr. Monro repeatedly found that, in making even a large aperture by incision into the abdomen of animals, if the wound be quickly closed, the animal readily recovers: but that if the viscera be exposed for only a few minutes to the air, severe pains and fatal convulsions ensue. ‡ And hence Mr. Hamilton recommends, that, in performing the Cesarean operation, the bowels be denuded as little as possible, and the wound be closed with the utmost expedition.

This explanation hardly satisfactory; and the want of success ascribed to another cause.

This answer, however, is hardly satisfactory: and I am rather inclined to think, that the comparative want of success at home, is owing to the greater reluctance in performing the operation than seems to be manifested in France and Germany; in consequence of which it is rarely determined upon till the woman is too far exhausted, and has an insufficiency of vigour to enable the wounded parts to assume a healing condition. In most of the cases recorded, there does not seem to have been any deficiency of skill; and particularly in that which occurred about five and thirty years since, and was attended by Mr. John Hunter and Dr. Ford §, and hence the unfavourable issue must be resolved into some other cause.

Premature delivery: its great benefit in these cases.

It is happy for the world, and peculiarly so for those who are possessed of a contracted pelvis, and in many cases without knowing it till they are in labour, that a far safer, and less painful

* Princip., ut suprà, p. 348. Dr. Ramsbotham, whose lectures have a later date than that of Mr. Burns's work, states, that, "out of nearly thirty instances, in which this operation has been performed in the British isles, in two only has it proved successful, as far as the preservation of the mother was concerned." The latter physician would restrict its performance to cases of pelvic distortion, or tumours. In Britain it is never substituted for craniotomy by choice, but only had recourse to when no other mode of delivery is practicable. (See Med. Gaz. for 1834, p. 403.) The custom of resorting to it with less delay abroad, is no doubt the reason of its having proved more successful there than in this country, where the woman is usually in a state of extreme danger, before the operation is attempted. — ED.

† Elements of the Practice of Midwifery, 8vo.

‡ As the viscera were generally exposed to the air in the cases operated upon abroad, which were attended with a considerable proportion of success, such exposure will not account for the greater fatality of the operation in this country. — ED.

§ Denman, ut suprà, p. 463.

operation may be had recourse to, where the deformity is known in due time; I mean that of a PREMATURE DELIVERY. "A great number of instances have occurred," says Dr. Denman, "of women so formed that it was not possible for them to bring forth a living child at the termination of nine months, who have, in my own practice, been blessed with living children by the accidental coming on of labour, when they were only seven months advanced in their pregnancy, or several weeks before their due time. But the first account of any artificial method of bringing on premature labour was given to me by Dr. C. Kelly. He informed me, that about the year 1756, there was a consultation of the most eminent men at that time in London to consider of the moral rectitude of, and advantages which might be expected from, this practice; which met with their general approbation. The first case, in which it was deemed necessary and proper, fell under the care of the late Dr. Macauley, and it terminated successfully. The patient was the wife of a linen-draper in the Strand. Dr. Kelly informed me, that he himself had practised it; and, among other instances, mentioned that he had performed this operation three times upon the same woman, and twice the children had been born living.

"A lady of rank," continues the same writer, "who had been married many years, was soon after her marriage delivered of a living child in the beginning of the eighth month of her pregnancy. She had afterwards four children at the full time, all of which were, after very difficult labours, born dead. She applied in her next pregnancy to Dr. Savage, whom I met in consultation. By some accounts she had received, she was prepared for this operation, to which she submitted with great resolution. The membranes were accordingly ruptured, and the waters discharged, early in the eighth month of her pregnancy. On the following day she had a rigor, succeeded by heat and other symptoms of fever, which very much alarmed us for the event. On the third day, however, the pains of labour came on, and she was, after a short time, delivered, to the great comfort and satisfaction of herself and friends, of a small but perfectly healthy child, which is at this time nearly of the same size it would have been, had it been born at the full period of utero-gestation; and it has lived to the state of manhood. In a subsequent pregnancy, the same method was pursued, but whether the child was of larger size, or the pelvis was become smaller, whether there was any mistake in the reckoning, or whether the child fell into any untoward position, I could not discover, but it was still-born, though the labour did not continue longer than six hours. Yet, in a third trial, the child was born living and healthy, and she recovered without any unusual inconvenience or trouble."*

It is only necessary to add, that the time in which labour-pains will come on after thus rupturing the membranes and discharging the waters, is uncertain, and appears to depend much on the irritability of the uterus. It is sometimes delayed, as in the first trial in the case just noticed, for three days, but the labour has sometimes also been found to commence within a few hours.

GEN. II.
SPEC. V.
Parodynia
amorphica.
Illustrated.

Origin of the
practice in
London.

Success in the
first case.

More striking
success on a
subsequent
trial.

Interval be-
tween ruptur-
ing the mem-
branes and the
accession of the
labour-pains
varies in differ-
ent individual

SPECIES VI.

PARODYNIA PLURALIS.

MULTIPAROUS LABOUR.

LABOUR COMPLICATED BY A PLURALITY OF CHILDREN.

GEN. II.
SPEC. VI.

Fertility dependent on various circumstances.

Fifty-one children produced by one woman.

Constitutional fertility hereditary.

Multiply fertility.

Three at a birth.

Sometimes four.

Five reported, but upon doubtful authority :

Twins mostly produced at a common birth ; but occasionally at different periods.

a P. pluralis congrua.

THE fertility of women seems to depend upon various circumstances, partly, perhaps, the extent or resources of the ovaria, partly constitutional warmth of orgasm, and partly the adaptation of the male semen to the organisation of the respective female. Eisenmenger gives us the history of a woman who produced fifty-one children* : and sometimes the fertility seems to pass from generation to generation, in both sexes, though it must be always liable to some variation from the constitution of the family that is married into. I have in my own family, at the time of writing, a young female servant, whose mother bore twenty-three children, and brought them up with so much success, that, at the time of her mother's death, she was the youngest of nineteen then living ; and her eldest brother has fourteen children at present, all of whom I believe are in health.

But while some women produce thus rapidly in single succession, there are others that are multiparient, and bring forth occasionally two or even three at a time, more than one ovum being detached by the orgasmic shock. Three at a time is not common : I have met with but one instance of it, in which the children were all alive and likely to live ; and one instance only occurred to Dr. Denman in the course of upwards of thirty years' practice. Four have occasionally, but very rarely, been brought forth together, and there are a few wonderful stories of five, but which rest on no well-authenticated testimony.†

Twins are mostly produced at a common birth, but owing to the incidental death of one of them while the other continues alive, there is sometimes a material difference in the time of their expulsion, and consequently, therefore, in their bulk or degree of maturity, giving us the two following varieties : —

a Congruens.

Congruous twinning.

Of equal or nearly equal growth, and produced at a common birth.

β Incongruens.

Incongruous twinning.

Of unequal growth, and produced at different births.

In CONGRUOUS TWINNING, or ordinary twin-cases, in which there is no great disparity of size between the two, on the birth of the

* Epist. App. ad Strauss de foetu. Mussipont. p. 228.

* In 18,300 cases at the British Lying-in Hospital, no case of triplets occurred. In 20,357 at the Maternité, there were 3 ; and in 59,354 cases, 19. See Ryan's Manual of Midwifery, p. 290.—ED.

one, it can be pretty easily ascertained, that another is still in the womb by applying the hand to the abdomen: for the limbs, and, if the child be alive, its movements, may generally be felt very distinctly, except, indeed, where an ascites is present, and the practitioner must then have recourse to other tokens.

There are no precise signs, by which a woman or her attendant can determine whether she be pregnant of twins or not. Inequalities in the prominence of the abdomen, peculiarities of internal sensation or motion, slowness in the progress of a labour, have been advanced as signs; but they belong as frequently to the uniparient as to the multiparient, and hence are unentitled to attention.

The claim to priority of birth in a twin-case is dependent, not on superiority of strength, or any other endowment, but on a closer proximity to the mouth of the uterus alone, and, consequently, on a greater convenience of position. Though, when, on the birth of twins, one is found small and emaciated, and the other plump and strong, we have some ground for apprehending, that the vigorous child has absorbed the greater part of the nutriment afforded by the mother, as we find not unfrequently in plants shooting from the same spot of earth.

The general rules that govern in morbid labour of individual children, govern equally in morbid labour of twins. The second child is usually delivered with comparatively few pains and little inconvenience, as the parts have been sufficiently dilated by the passage of the first: and, although there is commonly some interval between the termination of the one and the commencement of the other struggle, it is not often that this interval exceeds half an hour or an hour. It has, indeed, in a few instances, extended to whole days; in one instance to ten*, and in another to seventeen days.† But these are very uncommon cases: and, as mischief may possibly happen to the womb and to the system at large from a long protraction of uterine irritation, it is now the practice to deliver the second child by art, after having waited four or five hours in vain for a return of expulsive exertions.‡

In INCONGRUOUS TWINNING we meet, in different cases, with every possible diversity in perfection of form and term of expulsion, between the co-offspring. Nor is this to be wondered at in either respect. We have already seen, that a single fetus may die during any period of parturition from a variety of causes; and hence we may readily conjecture, that one of the twins may die at any period, while the other still thrives, and remains unaffected.

* Hist. de l'Acad. des Sciences, 1751, p. 107.

† De Boset in Verhandeligen van Harlem, xii. App. No. 6.

‡ Some practitioners seem not to agree with Dr. Good on this point: the following is the advice delivered by Dr. Ryan. "In all cases, immediately after delivery, the hand is to be placed upon the abdomen to ascertain whether another infant be present, and, if such is the case, the labour should not be provoked for ten or twelve hours, unless some untoward symptoms occur. I have known a woman delivered of one infant on Monday, and the second on the following Thursday, without a bad symptom during the time; and both infants were born alive. Another case fell under my care, where there was a period of thirty-six hours between the births, and not a pain during the time: the second infant was born dead. The secale cornutum had its usual good effects in this case." See Manual of Midwifery, p. 192. ed 3.

GEN. II.
SPEC. VI.
α P. pluralis
congrua.

No precise signs by which pregnancy with twins can be ascertained.

Priority of birth in twins dependent on convenience of position for birth.

General rules of morbid labour of single children govern in twin-cases: commonly some interval between the expulsion of the one and the other.

Has extended to a day or two: to ten days: to seventeen. But this should not be allowed.

β P. pluralis incongrua. Physiology and explanation: one may thrive while the other is dead: and the first be expelled while the second remains its full time.

GEN. II.
SPEC. VI.
β P. pluralis
incongrua.

This twin may remain in the womb, and both be expelled together at the full time. But it may happen, also, from the peculiar irritation of the uterus generally, or the peculiar position of the dead fetus near the cervix, that this organ may be so far stimulated by the death, and corrupt state of the fetal corse and its membranes, as to expel it from the body, while the living child receives no injury, continues to thrive, and is maturely delivered at its proper time.

Hence the mother on the birth of the second may imagine she has not been more than six or seven months pregnant.

These facts formerly accounted for by the doctrine of superfetation.

In the latter case, where the dead fetus has been discharged in the second or third month of pregnancy, the mother, not knowing herself to have been pregnant with twins, has been erroneously conceived, on the arrival of the second birth, to have produced a perfect child within the short term of six or seven months.

In the former case, or that in which the dead fetus remains quiet in the womb through the remaining term of pregnancy, and both are discharged at a common birth, an opinion equally erroneous was formerly entertained in order to account for the apparent difference of the two in growth and size: for it was supposed, that the dead and puny, and apparently premature fetus, was conceived some months subsequently to the perfect and vigorous child, and hence had not time to reach it in size and perfection: and to this supposed subsequent conception was given the name of SUPERFETATION.

Superfetation occasionally may occur in quadrupeds, but rarely in women.

Explanation.

Hence this doctrine now in disrepute.

We have reason to believe, that such a process does occasionally take place in some quadrupeds, whose wombs are so formed as to allow of it: but we have already observed in the preliminary Proem to the present Class, as also in the introductory observations to the present Order, that, in women, from the moment of conception, an efflorescent membrane is formed, which lines the whole cavity of the uterus, and acts as a septum to the ascent of any subsequent tide of male semen; not to say, further, that the os uteri itself is so plugged up by the secretion of a viscid mucus at the time, as to prevent any communication between this organ and the vagina till the period of pregnancy is completed. And hence the doctrine of superfetation in women, excepting under very particular circumstances, has deservedly sunk into general disrepute.* For it is possible, however, as we have already observed, for a second fetation to take place by an additional connection, within a few hours after the first, and before the formation of the occluding membrane. But, in this case, the progress of the twins is parallel, and their birth in immediate succession.

Example of incongruous fetation.

The cases of this kind, and formerly ascribed to the exploded cause, are by no means uncommon. Dr. Maton has given a very decided one of a lady delivered at Palermo of a male child in November, 1807, and again, scarcely three months afterwards, in February, 1808, of another male infant, "completely formed."† The proportion or powers of the first child are not sufficiently noticed: but we are told, that both were born alive; that the elder died when nine days old "without any apparent cause;" and that the younger died also, but after a longer term.

Further illustrated.

In Henschel we have an account of a minute ‡ and a mature fetus

* Waldschmied, Dissert. de Superfœtatione falsò prætensâ. Hanb. 1727.

† Med. Trans., vol. iv. Art. xii.

‡ Neue Medicinische und Chirurgische Anmerkungen, b. ii.

born at the same time: and a similar history is given by Mr. Chapman, with the exception of the time, which varied considerably: the dead and minute fetus, apparently not more than three or four months old, having in this case been born in October, 1816, and the twin, a full-grown child, not till December, just two months afterwards.*

In this last instance, however, there can be no doubt, that the aborted fetus had remained quiet in the uterus for some months after its death before it was expelled; which in truth is the only way of reconciling its apparent age and size of not more than three or four months at the time of its expulsion, with the full time or nine months of the mother, completed only two months afterwards.

Nor is a quiet and undisturbing continuance in the uterus after the death of the fetus by any means uncommon, whether the offspring be single or double. We have already given examples of an interval of ten, and even seventeen days, in the case of twins born equally of full size. But where the growth has been discrepant, and the dead fetus has remained behind unsuspected, it has sometimes been several months before expulsion has taken place. Ruysch gives a case, in which it was delayed a twelvemonth after the apparent term of its death, and even then discharged without corruption †: and some of the foreign collections have instances of more than double this time. ‡

The present author was once engaged in consultation upon the case of a lady in Bedford Row, who had miscarried of a fetus under three months old, which there was every reason to believe died four months antecedently; as at that time the mother had been attacked with a flooding and rigors, had had various subsequent uterine hemorrhages, and had never been able to quit a recumbent position, without producing some return of the bleeding.

GEN. II.
SPEC. VI.
β P. pluralis
incongrua.

Examined and explained.

Undisturbing continuance of a fetus in the womb after death, not uncommon.

Has continued a twelve-month: and double this time.

Illustrative fact.

SPECIES VII.

PARODYNIA SECUNDARIA.

SEQUENTIAL LABOUR.

DISEASED ACTION, OR DISTURBANCE SUCCEEDING DELIVERY.

IN ordinary childbirth, the pains of labour may be said to cease with the expulsion of the fetus: since though sequential, or afterwards as they are ordinarily called, are not uncommon for a day or two, and are useful in expelling the placenta and its membranes, and a few large coagula of blood that have formed in the uterus, these last are neither violent, nor by any means frequent. It sometimes happens, however, that there is almost as much trouble, and as much pain, and as much danger after the birth of the child as antecedently, so that the labour itself may be fairly said to be protracted into this secondary stage, which offers the following varieties of morbid affection:—

GEN. II.
SPEC. VII.
In ordinary childbirth no difficulty after the expulsion of the fetus: but from particular circumstances great difficulty and distress.

* Med. Chir. Trans. vol. ix. p. 195.

† Thesaur. Omnium Max.

‡ Neue Samml. Wahrnehmungen, band iv. p. 241.

GEN. II.
SPEC. VII.
Parodynia
secundaria.

α Retentiva.
 β Dolorosa.
 γ Hæmorrhagica.
 δ Lochialis.

Retention of the secundines.
Violent after-pains.
Violent hemorrhage or flooding.
Inadequate lochial discharge.

α P. secundaria
retentiva.

Usually expelled by natural efforts :

but may generally be assisted by moving the funis.

Funis sometimes gives way and leaves the placenta behind.

And sometimes no pains to separate and expel the placenta.

Experiment as to the effect of leaving the placenta to nature.

In this instance no mischief : and was hence a practice with many at home, as it had long been abroad.

But great evil has often happened, and of various kinds.

Striking case in illustration.

In about ten minutes or a quarter of an hour after the birth of the child, the uterus recovers its action, and again exerts itself, though with less force, and consequently slighter pain, to expel what is commonly called the after-birth, consisting of the placenta and its membranes ; which, in common cases, are easily separated and thrown off from the sides of the organ. The instinctive or remedial power of nature is just as competent of itself to do this as to expel the child ; but, as unquestionable benefit is found from assisting in the expulsion in the latter case, a like degree of benefit is also found in the former ; and the practitioner, by taking hold of the funis, and gently pulling it during the action of a pain, will, in most cases, be sure of expediting the passage of the placenta without running the least risk of rudely tearing it from the sides of the uterus, and exciting a hemorrhage.

It will sometimes however be found, that the funis, instead of being fully inserted at its upper extremity into the body of the placenta, originates alone from a few of its vessels, and that from an incautious tug it gives way, and is drawn down by itself, leaving the placenta behind ; and consequently putting it entirely out of the practitioner's power to render any collateral assistance.

It also happens, not unfrequently, from the general exhaustion of the system, or the local exhaustion and torpidity of the uterus, that no expulsive pains of any kind follow at the ordinary time, or even for a long period afterwards, and consequently, that the placenta is still lying unseparated in the uterus.

On a trial instituted by Dr. W. Hunter, and Dr. Sandys, in the Middlesex Hospital, it was found in one case, that the placenta, left to the action of the uterus alone, was not rejected till twenty-four hours after delivery : and as no ill consequences followed this experiment, it became soon afterwards a practice with many in this metropolis, as it had long before been with still more on the continent, to pay no attention to the placenta, and to leave it to take its course. Great mischief, however, has been, in many cases, found to ensue, from this kind of quietism : for, where there is great exhaustion, a sufficiency of natural exertion does not in numerous instances return for three or four days afterwards, and sometimes even longer : while the placenta, by remaining in the uterus, keeps up a febrile irritation, and, what is infinitely worse, by being in many instances partly, though not wholly, detached, and rendered a dead as well as a foreign substance, the detached part putrefies, and produces a fetor through the whole atmosphere of the chamber, sufficient of itself to render the patient sick, and faint, and feverish, if it do not occasion a genuine typhus.

I was lately requested to attend in consultation upon a case of this kind. The patient had had a very difficult labour, and, after two or three days of severe suffering, was delivered by the use of the crotchet. She was afterwards for a long time in a state of syncope, and the placenta was suffered to remain without any attempt to remove it. She had no expulsive pains for three days,

but very great soreness and some degree of laceration in the soft parts, with such a torpitude of the bladder that the water was obliged to be drawn off daily. In about eight and forty hours, she had a hot dry skin, brown furred tongue, with a quick, small pulse, slight delirium, and occasional shiverings. She was in this state when I was requested to see her. The room, which was small, was insupportable from its stench, notwithstanding all the pains taken to maintain cleanliness, and to cover the fetor by pungent odours. I strenuously advised, that the placenta should be instantly removed, but was answered that, as gangrene had already begun, the patient would certainly die, and as certainly sink under the very attempt to bring it away, so that the operator would fall under the charge of having killed her. My reply was, that she would assuredly die if it were not removed, but I was not so certain that she would if it were; that, in my judgment, the fetor rather proceeded from the placenta itself, than from the ichorous discharge about the vagina, and gave a token of a very extensive separation, though the patient wanted power to expel it from her body. And I could not avoid adding, that if none of the gentlemen present (we made four in all) would venture upon the task, I would take the risk upon myself, though I had long declined the practice, and give the patient this only chance of a recovery. This declaration inspired the rest; the operation was determined upon, the placenta, as I suspected, was found nearly separated throughout, and half advanced into the vagina, and was removed without difficulty. By the use of the cinchona and the mineral acids, with a nutritive regimen, the patient gradually recovered, and is now in a state of perfect health.

The modern practice, therefore, of not trusting the placenta to the mere powers of nature, when those powers are exhausted or inoperative, is founded upon a principle of the soundest observation. Four or five hours is the utmost time now usually allowed, and if it be retained beyond this period, the operator interferes, brings it away by the funis, if the uterus will hereby become sufficiently stimulated, and if not, or the funis be broken, by cautiously introducing his hand into the uterus, and peeling the placenta gradually from its walls by the action of his fingers.*

If the uterus, instead of contracting at its fundus, should contract irregularly and transversely so as to form what has been called an HOUR-GLASS contraction, the removal of the placenta should take place before this time.

* When the placenta is retained an unusual time, Dr. Ryan recommends friction on the abdomen, grasping the uterus, applying a tight roller, dashing cold water on the abdomen, in order to make the uterus contract, and exhibiting the ergot of rye. If these means fail, and hemorrhage, or fainting, occur, he advises the separation of the placenta by the assistance of the hand, after which, its expulsion will be effected by pressing on the uterus and abdomen so as to make the womb contract. After the birth of the infant, no practitioner should leave his patient previously to the expulsion of the placenta; for, until this has happened, she is never free from danger. See Ryan's Manual, &c. p. 291. Also, in another part of the same work, we find the following observations: "The cases, which cause a necessity for artificial extraction, or separation of the placenta, are, hemorrhage, convulsions, syncope, inertness of the uterus, spasmodic contraction of the womb, hour-glass contraction, preternatural adhesion, adhesion of the organ to the neck of the uterus, and abortion. Some of these require immediate extraction, as hemorrhage, convulsions, and syncope," &c. (p. 611.)

GEN. II.

SPEC. VII.

α P. secundaria
retentiva.Patient in great
danger.The placenta
removed, and
the patient
recovered.Hence the re-
moval of the
placenta not to
be left to the
powers of na-
ture when these
are exhausted.Time to be al-
lowed before
its removal.Hour-glass
contraction of
the uterus.

GEN. II.

SPEC. VII.

β P. secundaria
dolorosa.

How to be
distinguished.

Treatment.

In some irritable habits, on the contrary, the AFTER-PAINS, instead of ceasing gradually, occasionally continue with little interruption, and with nearly as great violence as those of labour itself; and this for many hours after the extraction of the placenta.

If such after-pains closely follow the labour, they proceed from a morbid irritation and spasmodic tendency of the uterus alone; and the best remedy is an anodyne liniment applied to the abdomen, with an active dose of laudanum, which last must be repeated as soon as the first dose has lost its effect, the bowels in the mean while being kept regularly open. If such violent pains do not take place till some hours after the evacuation of the placenta, or even the next day, it is highly probable, that some large cake of coagulated blood has formed in the uterus, and become a source of irritation. This may often be hooked out by a finger or two, introduced for such purpose, and the organ be rendered easy: if not, an opiate will here be as necessary as in the preceding case.

γ P. secundaria
hæmorrhagica.

Hæmorrhage, or FLOODING, after delivery is another evil, which the practitioner is not unfrequently called upon to combat. This is sometimes produced by pulling too forcibly at the umbilical cord, and separating the placenta from the walls of the uterus, before its vessels have sufficiently contracted: but the most common cause is an exhausted state of the uterine vessels themselves, and a consequent inability to contract their mouths, so that the blood flows through them without resistance.

Profuse discharge of blood at first without weakening, explained.

Yet great and dangerous exhaustion afterwards.

Patient sometimes dies in a few minutes.

In extreme exhaustion of the living power cordials of the most stimulant kind necessary.

δ P. secundaria
lochialis.
Origin of the term.

The uterus is, at this time, so stored with blood of its own, that a prodigious rush will often flow from it without producing syncope or any serious evil upon the general system: for it is only till it has lost its own proper supply, and begins to draw upon the corporeal vessels for a recruit, that any alarming impression is perceived. Yet, from the first moment, the attendant should be on his guard, and should have recourse to the means already laid down under flooding occurring in the latter months of pregnancy.* In the present case, however, from the very open state of the mouths of all the uterine vessels that have anastomosed with the placenta, the flooding is here, upon some occasions, far more profuse and dangerous than at any other period, so that a woman has sometimes been carried off in the course of ten minutes, with a sudden faintness, sinking of the pulse, and wildness of the eyes that is most heart-rending. And, in such a situation, as the living powers are failing apace, and must be supported at all adventures, while cold and astringent applications are still applied to the affected region, we must have recourse to the warmest, the most active, and most diffusible cordials, as Madeira wine or brandy itself in an undiluted state: and, if we succeed in rousing the frame from its deadly apathy, we must drop them by degrees, or exchange them for food of a rich and nutritive, but less stimulant description.

When the discharge of blood from the uterus ceases, it is succeeded by a fluid of a different appearance, which is commonly called LOCHIA (λοχία), a term employed by Dioscorides in the

* Vol. iv. Gen. i. Spec. ii. Paracysis uterina hæmorrhagica; and compare with vol. ii. Cl. iii. Ord. iv. Gen. ii. Spec. ii. Hæmorrhagia atonica uteri.

sense of secundæ, or the materials evacuated by a lying-in woman after the birth of the child. The nature of this discharge does not seem to have been very fully explained by pathologists. The numerous and expanded blood-vessels of the uterus contract gradually, and particularly in their mouths or outlets; by which means the fluid they contain, and which is not entirely evacuated by the vagina, is thrown back on the system with so much moderation as to produce no serious evil, and its stimulus is chiefly directed to the breasts. As the mouths of these vessels progressively collapse, the finer part of the blood only, or at least with not more than a small proportion of the red particles, issues from them, and in smaller abundance, and hence the discharge appears less in quantity, and of a more diluted redness. By intermixing with the oxygen of the air, which has a free admission to the sexual organs, this red, as in the case of venous blood, assumes a purple or Modena hue: and as this hue becomes blended with the yellowish tinge of the serum, it necessarily changes to greenish, which is the colour of the lochial discharge before its cessation.

While this discharge issues in a due proportion to the demand of the idiosyncrasy, for the quantity differs considerably in different women, there is little fever or irritation, and we have no ill consequences to apprehend: but the mouths of these vessels may be irritated by various causes, as catching cold, violent emotions of the mind, the use of too stimulant a diet, or the want of a sympathetic action in the breasts; and the result, under different circumstances, is of a directly opposite kind. If there be no spasm hereby induced on the mouths of the closing vessels, they will throw forth a morbid superabundance of serous fluid, without running perhaps into a hemorrhage, or opening sufficiently to discharge red blood, and the patient will become greatly exhausted and weakened, have a sense of a prolapse of the uterus, and be peculiarly dispirited in her mind. If, on the contrary, which is more frequently the case, the mouths of the uterine vessels become suddenly and spasmodically closed in consequence of the superinduced irritation, there will be a total and abrupt suppression of the lochia, a sense of great weight and pain will be perceived in the uterus and the whole region of the pubes, a considerable degree of fever will ensue, and the patient will be in danger of a puerperal typhus.

These are the evils, which result from a disturbance of the balance of the lochial discharge. In attempting to remedy them, the exciting cause should, in the first place, be removed as far as this is capable of being accomplished. After which, in the former case, the strength is to be sustained by unirritant tonics, astringents, and a plain nutritive diet: and in the latter, the spasmodic pain, and heat, and other febrile symptoms are to be subdued by antispasmodics and relaxants, particularly camphor, with small doses of ipecacuan or antimony. The neutral salts have also in this case proved serviceable, which have the farther advantage of opening and cooling the bowels. It will likewise be found highly useful to foment the abdomen with flannels wrung out of hot water, or, which is far better, to bind a flannel swathe wrung out of hot water, in the same manner, round the whole of the abdomen

GEN. II.
SPEC. VII.
§ P. secundaria
lochialis.
Nature of the
discharge explained.

Its dilute state
and change of
colour accounted for.

No inquietude
while this
issues in moderate
quantity: but the secretion
may be rendered morbid
by excess;

or suppression.

Remedial
means.

GEN. II.
SPEC. VII.
Parodynia
secundaria.
Treatment.
Occasionally
no lochial dis-
charge in
healthy la-
bours.

Great import-
ance of cleanli-
ness and pure
air.

Strikingly
exemplified.

and the back, and to encircle it with a band of folded linen to prevent it from wetting the sheets, and to let it remain on like a cataplasm, till it becomes dry by evaporation.

It should not be forgotten, however, that in some women who have healthy labours, there is no lochial discharge whatever, the blood-vessels of the uterus contracting suddenly and closely as soon as the red blood ceases to flow. I have already pointed out one example of this kind that occurred to Professor Frank, even after a third natural delivery; the patient, moreover, having been from a girl as destitute of menstruation as afterwards of lochia: yet her health was in no respect interfered with.*

In all the diseases here referred to, cleanliness and purity of air are of the utmost importance; without these, no plan whatever can succeed: and with them, no other plan is often wanted. They are, moreover, of as much moment to the infant as to the mother. It is a striking fact, that in the space of four years, ending in 1784, there died in the Lying-in-Hospital of Dublin, at that time a badly ventilated house, 2944 children out of 7650; though, after the ventilation was improved, the deaths within a like period, and from a like number, amounted to not more than 279.

GENUS III.

ECCYESIS.

EXTRA-UTERINE FETATION.

IMPERFECT FETATION IN SOME ORGAN EXTERIOR TO THE UTERUS.

GEN. III.
Physiological
explanation.

WE have shown in the Physiological Proem to the present class, that the sexual fluid of the male passes, at the time of the embrace or soon afterwards, into the uterus, and from the uterus into the Fallopian tube, or even the ovarium, where it impregnates an ovulum, detached from its proper niche by the force of the orgasmic perculsion. It sometimes happens, however, that the Fallopian tubes, or the openings from the uterus leading into them, are so impacted with fat or some other material, or so straitened in their diameter, that the detached and impregnated ovum is incapable of obtaining a passage into the cavity of the uterus, and is arrested in its course: in which case, it must either remain in the tube itself, into which it has thus far proceeded, or drop, at the origin of the fimbriæ, into the hollow of the abdomen. And it has also sometimes occurred, that the ovum or vesicle, that has been detached from the ovarium, has been incapable of making its way out of the ovarium itself, and has become impregnated in its original seat, without a possibility of stirring farther.

* De Cur. Hom. Morb. Epit., tom. vi. Lib. vi. Pars III. 8vo. Viennæ, 1824.

In all these cases, the progress of impregnation still goes forward, though in an imperfect manner, and with an imperfect developement of organs; and we are hence furnished with the three following distinct species of extra-uterine gestation:—

GEN. III.
Eccyesis.

- | | |
|-----------------------|-----------------------|
| 1. ECCYESIS OVARIA. | OVARIAN EXFETATION. |
| 2. ————— TUBALIS. | TUBAL EXFETATION. |
| 3. ————— ABDOMINALIS. | ABDOMINAL EXFETATION. |

It is a very remarkable fact, that the uterus still sympathises in every one of these species with the imprisoned and impregnated ovum, in whatever part of the body it may happen to be lodged, produces ordinarily the same efflorescent membrane or decidua, which we have already observed it secretes in the commencement of utero-gestation for the reception of the ovum upon its arrival in the uterus, enlarges its capacity, and thickens its walls as though the fetus were really present in its interior*; exhibits the same symptoms and excites the same caprices of the stomach as those by which utero-gestation is usually distinguished: and at the expiration of the regular period of nine months, and sometimes, as in ordinary pregnancy, even before this, is attacked with spasmodic or expulsive pains, which often continue for some hours, and seldom altogether subside till the organised and extra-uterine substance loses its living power, and becomes of the nature of a foreign material to the organs by which it is surrounded. After which, menstruation again returns regularly, as it has hitherto been suspended.

The extra-uterine ovum, in the mean while, endowed, in consequence of its impregnation, with a principle of life, continues to grow, whatever be the place of its aberration, in some instances becomes surrounded with an imperfect kind of placenta, develops the general structure of its kind, and exhibits an organised compages of bones, membranes, vessels, viscera, and limbs; the whole figure being more or less perfect according to circumstances that lie beyond our power of penetration.

After the death of the extra-uterine fetus, the uterus, and consequently the general frame, frequently become quiet; and the bulky substance, enveloped in a covering of coagulable lymph, remains for years, or perhaps through the whole of life, with no other inconvenience than that of a heavy weight and tumour in the part in which the dead fetus is lodged. But in many instances, like any other intrusive or foreign material, it produces great irritation, which is succeeded by the ordinary process of ulcerative inflammation, and an opening is hereby made into the intestines, or the vagina, or externally through the integuments of the abdomen, and the indissoluble parts of the fetus are discharged piecemeal: sometimes the patient sinking during the tedious process under the exhaustion of a hectic, but, more generally, evincing strength enough to sustain the progressive expulsion, and at length restored to the enjoyment of former health.

Uterus sympathises with the growth of the ex-ovum wherever lodged: decidua is produced.

Uterus enlarges: excites the capricious symptoms of genuine pregnancy, and at the close of nine months is attacked with expulsive pains: which subside when the ex-fetus loses its living power.

Growth of the ex-ovum.

State of the ex-fetus after death.

Sometimes undisturbing through the whole of life.

But sometimes productive of great mischief in various ways.

* See an exemplification of this in an ovarian exfetation described by Dr. Granville, Phil. Trans. 1820, p. 103.

SPECIES I.
ECCYESIS OVARIA.
OVARIAN EXFETATION.

IMPERFECT FETATION OCCURRING IN THE RIGHT OR LEFT
OVARIVM.

GEN. III.
SPEC. I.

This species
common and
often very
distressing.
Illustrated.

Rudimental
attempts at
fetal organisa-
tion sometimes
found in this
organ without
impregnation,
and in very
young subjects.
Singular ex-
ample in an
infant.

Example in an
adult virgin.

How explained
by the followers
of Buffon :

by later phy-
siologists.

THE physiology and general pathology have been already given so much at large in the paragraphs immediately preceding, that it is only necessary to observe further, that this form of extra-uterine-fetation is very common, as well as distressing. Vater relates a singular case of this kind producing a kind of general intumescence of the abdomen on the right side, the right ovarium being the seat of the disease, that continued with little variation through a period of three years and a half, with an equal degree of distress and danger to the patient*: and other instances are adverted to in the author's volume of Nosology.

It is in this organ more especially, that rudimental attempts at fetal organisation, the mere sports of nature, are frequently found produced without impregnation, or any contact with the male sex, and sometimes in very young subjects.

One of the most singular cases of this kind is that communicated by Dr. Baillie to the Royal Society in the year 1788.† The subject of the case was not more than twelve or thirteen years old, with an infantine uterus and perfect hymen: and the fetation consisted of a suety substance, hair, and the rudiments of four teeth.

The same kind of formative ludibria are found, also, in mature life, in women of the most correct lives, and whose chastity has never been impeached. Of this the following is an instance. The subject, an unmarried female, was about thirty years of age, at the time of her death, which took place after a long series of suffering, accompanied with great pain in the region of the bladder, and a considerable swelling of the abdomen. On examining the body, a large tuft of hair, of about the size of a hen's egg, was found enclosed in a tumour of the left ovarium, surrounded with a fluid of the thickness of cream. In the bladder was traced a similar tuft of hair, surrounded with a like fluid, which distended and plugged up the organ.‡

Such rudiments of organised form have been resolved by the disciples of Buffon into the peculiar activity of his *molecules organiques*, concerning which we have already spoken in the Physiological Proem to the present class, thronging with a more than ordinary proportion in the region or organ in which the preternatural productions have been found to exist: and, by still later physiologists, into a salacious temperament in the individuals who have been the

* Dissert. de Graviditate apparente ex tumore ovarii dextri enormi, &c.

† Phil. Trans. 1789.

‡ Med. Chir. Trans. vol. ix. p. 427.

subjects of them, and who are still further said, as we have also remarked in the same Proem, to have a power, when this orgastic erethism is at its utmost heat, as about the period of menstruation, of irritating and even inflaming the ovaria, and occasionally even of detaching one or more ovula, and putting them into a like state of irregular action. And where cases occur in infants, they are ascribed to the same cause operating on a constitution diseased by a morbid precocity.*

GEN. III.
SPEC. I.
Eccyesis
ovaria.

The first of these explanations it is hardly worth while to combat in the present day, and particularly in the present place, after having already illustrated, in the Proem above referred to, the feebleness of its first principles. And, with respect to the second, it is sufficient to observe, that the very same attempts at fetation are sometimes made and carried quite as far towards completion, in organs that cannot be suspected of any salacious sensation, and even in males as well as in females. Thus, Dr. Huxham gives a case in which the rudiments of an embryo were found in a tumour seated near the anus of a child †; and Mr. Young a still more extraordinary one, yet a case well known, I suppose, to nearly all the medical practitioners of this metropolis from personal inspection, of a large protuberant cyst, containing a nucleus of fetal rudiments found in the abdomen of a *male* infant about fifteen months old. The child died after a tedious and painful illness. The body was opened, and the cyst examined: "The substance it contained," says Mr. Young, "had unequivocally the shape and characters of a human fetus:" for a particular description of which the reader must turn to the account itself. ‡

Neither of these explanations adequate or satisfactory.

Upon this subject we can only say, that all such abortive attempts are monstrosities; and that monstrosities are not confined to any particular age, as that of fetal life, or to any particular organ. They run occasionally through every part of the frame, and every part of life, and appear in the form of cysts, and excrescences, and polypi, and ossifications, and a thousand other morbid deviations from the ordinary march of nature, though they are most frequently found in the first months of impregnation, unquestionably because the excited organs are, at that period, more capable than at any other, of being moulded, by accidental circumstances, into anomalous shapes, and of preserving life under almost every kind of misconstruction and deformity.

Illustration from general principles of physiology.

In extra-uterine fetation of whatever kind, or wherever situated, the art of medicine can do but little. If the tumour be free from pain, and the general system not essentially disturbed by it, nothing should be attempted whatever. And if, in a case of irritation and ulcerative inflammation, nature herself seems to point out one particular part for the opening of the abscess rather than another, it will almost always be far better merely to watch her footsteps, and assist her intention, than to attempt a cure or

Medicine of but little avail. No means to be used if the tumour be quiet. In inflammation the course proposed by the remedial

* Vol. iv. *Præotia feminina*, Ord. i. Gen. ii. Spec. ii. of the present class.

† Phil. Trans. vol. xlv. 1748, p. 325. See also Dr. Edward Phillips's account of a case, in which parts of a foetus were found in a tumour, situated in the abdomen of a girl, two years and a half old. Med. Chir. Trans. vol. vi. p. 124. — ED.

‡ Medico-Chir. Trans. vol. i. p. 241.

GEN. III.

SPEC. I.

Eccyesis
ovaria.power of nature
to be watched,
and advantage
taken of it.

The cyst has
lain dormant
for many years:
and then be-
come a source
of irritation
from some
accidental
cause: has
produced an
abscess.

In this case
opens in differ-
ent directions:
as near the
navel, in the
vagina, or larger
intestines.

Exemplified.

Has sometimes
been success-
fully removed
by art without
waiting for any
natural indi-
cation.

Illustrated.

Often acquires
a considerable
development.

removal of the cyst in any other way: for we had long ago an opportunity of observing, when treating of INFLAMMATION generally, that, "it is a wise and benevolent law of Providence, and affords an incontrovertible proof of an instinctive remedial power, that inflammation, wherever seated, is always more violent on the side of the inflamed point nearest the surface, and shows a constant tendency to work its way externally rather than internally*;" or, in other words, in that direction in which the most salutary end can be obtained with the least essential mischief. And hence, though it may often be found advisable to enlarge an opening made externally by the effort of nature alone, it will generally be injurious to deviate from the spot thus instinctively marked out, and make an opening elsewhere.

The cyst has sometimes lain dormant, or without producing much disturbance, for many years, and then, from some accidental cause, has become irritated, inflamed, and produced a large abscess: the ovarium, in the progress of the inflammation, forming an adhesion to the integuments of the abdomen, and thus at length breaking externally; mostly in the course of the linea alba, often near the navel, but sometimes towards the groin. In a few instances, however, the inflammatory action has travelled in some other direction, and sought some other outlet: so that the ovarium has formed an adhesion with the vagina, or the larger intestines, and ultimately opened into them, and the bones and other indissoluble parts of the fetus have been thrown forth in fragments from the vagina or the anus. Zacutus Lusitanus gives a case, in which the bones of an impregnated ovarium were discharged piecemeal by the anus after the impregnation had continued for twelve years†: and Bartholin, another of much longer duration, in which an exit was formed in the hypochondrium, after the fetus had been imprisoned for not less than eighteen years.

In a few instances, however, the extra-uterine substance has been removed by art without waiting for the formation of an abscess. A successful operation of this kind is related in the *Histoire de l'Académie Royale*, after a gestation of twenty-seven months, the child being extracted by an incision into the abdomen.‡ M. Trisen gives a similar example, attended with a like favourable issue§: and, in the *Edinburgh Medical Commentaries*, we have an account of the vagina being laid open for the same purpose.||

The fetus has occasionally been found to acquire a very considerable development and advance towards perfection. Bianchi gives the history of one, that on dissection, after the death of the mother, who carried it fourteen years after its apparent death, weighed eight pounds¶; and Mr. Painter has lately given the case of a lady, who seems to have died in labour of a fetus of the same kind, that on being taken from the body immediately after death, was found

* Vol. ii. p. 14.

† De Praxi admirandâ, lib. ii. obs. 157.

‡ Hist. de l'Acad. des Sciences, 1714, p. 20; 1716, p. 32.

§ Observ. Chirurg. Leid. 1743, 4to.

|| Smith, vol. v. p. 337. Lauverjat extracted an infant by an incision through the vagina, and the woman recovered. See Sabatier, De la Médecine Opératoire, tom. i. p. 136.—Ed.

¶ Lieutaud, Hist. Anat. Med. i. obs. 1533.

dead, indeed, but complete in its parts, and nearly of the size which is usual at the fifth month of uterine gestation. The Fallopian tubes, apparently too much obstructed at the time of impregnation for a descent of the ovum, were now altogether impervious.* The uterus itself was not much enlarged, but there was not the ordinary appearance of a deciduous tunic.

GEN. III.
SPEC. I.
Eccyesis
ovaria.

SPECIES II.

ECCYESIS TUBALIS.

TUBAL EXFETATION.

IMPERFECT FETATION OCCURRING IN THE FALLOPIAN TUBE.

DIEMERBROECK has observed, that this is the most common cause under which extra-uterine gestation shows itself†, and it is at the same time the most dangerous. There is, in truth, less room for distention here than in any of the other cavities in which the exiled ovum may happen to lodge: and hence the overstretched tube has occasionally burst, and the patient has soon fallen a sacrifice to the irritation and fever produced by so large a rent; while, if this have not taken place from the mischief done to the tube, it has followed nearly as soon from the morbid excitement and inflammation produced in the abdomen in consequence of the sudden entrance of so large a foreign body into its cavity. Dr. Middleton, however, has described a singular case of a woman, who carried a fetus for sixteen years in one of the Fallopian tubes with so little disturbance to the general health of the system, that, at this period, she became pregnant in the regular way, and appears to have passed through her pregnancy with a favourable issue.‡ The general pathology and mode of treatment run parallel with those of the preceding species.

GEN. III.
SPEC. II.
The most common form of exfetation, and the most dangerous.
Explained.

Singular example.

General treatment.

SPECIES III.

ECCYESIS ABDOMINALIS.

ABDOMINAL EXFETATION.

IMPERFECT FETATION OCCURRING IN THE CAVITY OF THE ABDOMEN.

AN extra-uterine fetus may be deposited in the cavity of the abdomen by bursting through the walls of the ovarium or Fallopian tube after it has been produced there, or by an accidental drop of the impregnated ovum from the extremity or fringe of the tube in its way

GEN. III.
SPEC. III.
Ex-fetus, how arrives in the cavity of the abdomen:

* Lon. Med. Repos. June, 1823.

† Opera omnia Anatomica, p. 135.

‡ Phil. Trans. vol. xliii. 1744-5.

GEN. I.
SPEC. III.
Eccyesis abdominalis.
when dropped by accident, great danger of inflammation from the first.
When produced here from an ex-ovum, little or no irritation.
Even in this species the uterus sympathises and runs through the whole train of pregnant symptoms.

Singular case in illustration from Bell of Dublin.

Case explained.

to the uterus. In the two former instances, there is danger of great and fatal inflammation, not less from the rent produced in the organ just quitted by the fetus, than from the irritation which so large a foreign body cannot fail to produce on the organs on which it presses. In the last instance, on the contrary, the substance, on its first entrance, is so minute, and its growth so gradual, that the contiguous organs suffer little or no irritation, except from some accidental excitement, till at length, indeed, the magnitude of the fetus may alone be a sufficient cause of morbid action, and lay a foundation for the most serious consequences.

In the introductory remarks to the present genus, we observed, that in almost all cases of extra-uterine fetation, the moment the ovum becomes impregnated, the womb regularly sympathises in the action, produces a tunica decidua, enlarges, ceases to menstruate, mimics the entire process of utero-gestation, and, at the expiration of nine months, is attacked with regular labour-pains. After these have continued for some hours, they gradually cease: and, what is still more remarkable, the ex-fetus, which, till this moment, is endowed with life, and continues to grow, how imperfect soever its form, dies as though strangled in its imprisonment; and, by becoming a dead substance, becomes, at the same time, a substance obnoxious to the living organs around it, which have hitherto suffered little inconvenience from its proximity; often excites irritation and an abscess, and from such abscess, as we have already observed, is thrown forth piecemeal.

The following history, which is highly curious in itself, forms a striking illustration of the whole of these remarks. It is published by Dr. Bell, of Dublin, from a full knowledge of the entire facts. A young woman, aged twenty-one, after being married fifteen months, had the usual signs of pregnancy, and, at the expiration of her reckoning, was attacked with regular labour-pains, which were very violent for some days, when they gradually left her. But the abdomen still continued to enlarge, while the strength of the patient as gradually failed, and she was reduced to the utmost state of emaciation. Eight or nine months from the cessation of her labour-pains, she discharged a considerable quantity of fluid from a small aperture at the navel, along with which were perceived some fleshy fibres and pieces of bone. It was proposed to follow up this indication of nature, and make an opening into the abdomen at this very point, large enough to remove the fetus supposed to be lodged there. This was accomplished by an incision running two inches above and the same length below the navel, when the bones of two full-grown fetuses were extracted, for little besides bones at that time remained. No hemorrhage ensued, and the patient recovered her health so speedily as to be able to menstruate in about three months. After three months more, she prevailed upon again to cohabit with her husband, became pregnant, had a natural labour, and bore several children in succession.*

In this case it is clear, that the sensations of the uterus, during the developement of the twin ex-fetuses, were those of mere sympathy; as it is also that they ceased to grow, and became

* History of a Case in which two Fetuses that had been carried near twenty-one months, were successfully extracted from the abdomen by incision, &c.

dead and irritating substances after the common term of uterogestation, or on the cessation of the labour-pains.

This is the usual course, but, in some cases, the irritation the dead substance excites, is less violent, and, instead of an ulcerative, an adhesive inflammation is produced, and coagulable lymph is thrown forth, which, by the law of nature, is gradually transformed into a soft and membranous material that becomes a sheath or nidus for the dead fetus, and prevents it from exciting any further irritation. And, in this manner, an abdominal ex-fetus has sometimes been borne for a considerable number of years, or even to the end of life, without any serious mischief. In the volume of Nosology, I have referred to various proofs of its having in this way lain quiet for twenty-two, twenty-six, and even forty-six years.

Even in the uterus itself, the whole of this process has in a few rare instances happened where a morbid cartilaginous membrane has taken the place of the ordinary tissue, or there have been any other means of obstructing the descent of the fetus, of which the following, cited by M. Fournier, is a striking example. A woman of Soigny, thirty years of age, after four years of marriage and one miscarriage, became pregnant, quickened, and had a flow of milk in the breasts. At nine months, regular symptoms of labour came on, but shortly ceased. In the course of a month she became greatly debilitated, and continued so for a year and a half, during which time her life was often despaired of; after which she recovered strength, but the milk continued in her breasts for thirty years, yet she had never any return of the catamenia. At the age of sixty-one she died of peripneumony, and the body was opened. A tumour, eight pounds in weight, was found attached to the fundus of the uterus, enclosing a male child perfectly formed, and of full size for nine months. It did not exhibit any signs of putrefaction, nor exhale any disagreeable smell. It was enveloped in a chorion or amnios, which membranes were ossified, as was also the placenta. The dissection was performed in the presence of two physicians and another surgeon.*

Putrefaction, under these circumstances, does not take place, for the imbedded substance is shut out from the chief auxiliary to putrefaction, which is air: but a change of another kind is generally found to prevail, though with some diversity, according to the accidental circumstances that accompany it. And hence the fetus, on opening the cyst, after the death of the mother, or on its own extraction antecedently, has been found sometimes converted into adipocire, or a suety or cetaceous material†, making a near approach to it; sometimes into a leathery or cartilaginous structure‡; and sometimes into an osseous or almost stony mass, which has been distinguished by the name of OSTEOPÆDION or LITHOPÆDION.§

Under these circumstances, also, the bulk and weight of the fetus have considerably varied; for, the fluids having evaporated, it has often been found light and shrivelled, yet, when loaded with

GEN. III.

SPEC. III.

Eccyesis abdominalis.

Inflammation produced not always thus violent: but only sufficient to form a secretion and layer of coagulable lymph which becomes a nidus to the fetus and protects the adjoining parts from irritation.

The same sometimes in the uterus itself.

Hence putrefaction does not take place, but a change of another kind is often found, varied by circumstances, as a conversion into adipocire or suet.

Osteopædion, what.

Lithopædion, what.

Bulk and weight of the fetus greatly altered by such changes.

* Dict. des Sciences Médicales, Art. Cas Rares.

† Wagner, Nov. Act. Liter. Maris. Balh. 1699.

‡ Phil. Trans. Various examples, passim.

§ Abhandl. der Josephin. Acad. band I. — Eyson, Diss. de Fœtû lapidescente. Groning. 1661.

GEN. III.
SPEC. III.
Eccyesis abdominalis.

osseous matter, it has been peculiarly heavy. In a structure of somewhat more than ordinary completion, Krohn found the weight amount to four pounds and a half.*

For medical treatment there is little scope, and this little has been already touched upon under the first species.

GENUS IV.

PSEUDOCYESIS.

SPURIOUS PREGNANCY.

SYMPTOMS OF PREGNANCY WITHOUT IMPREGNATION; CHIEFLY OCCURRING ON THE CESSATION OF THE CATAMENIA.

GEN. IV.
Comparison of the preceding with the present species.

Train of feelings and action excited in the uterus from the force of habit in both species.

But in the present species in consequence of uterine irritability alone, without any fetal formation whether uterine or extra-uterine.

In the preceding genus we beheld the uterus excited to action, and mimicking the progress of pregnancy, though without any pretensions to it, in consequence of its association with some extra-uterine impregnation. In the present genus, there is no proper impregnation any where, but a mere irritation derived from the lodgment of some morbid and unorganised substance, which excites a train of feelings, and not unfrequently a change of action, easily recalled from the force of habit. It is on this last account, that virgins are rarely, if ever, liable to this affection. Such, at least, is the general opinion, which appears to be well founded; "And no case," says Mr. Burns, "that I have met with contradicts the supposition."

This train of feeling and change of action seem also, at times, excited by a peculiar kind of irritability of the uterus itself, even where there is no substance whatever in its own or any other cavity that can become a stimulus: and we are hence put into possession of the two following distinct species:—

- | | |
|--------------------------|-------------------|
| 1. PSEUDOCYESIS MOLARIS. | MOLE. |
| 2. ————— INANIS. | FALSE CONCEPTION. |

* Fœtus extra uterum Historia. Lond. 1791. Gött. Ann. 1791.

SPECIES I.

PSEUDOCYESIS MOLARIS.

MOLE.

THE UTERUS, IRRITATED BY A COAGULUM OF BLOOD, OR OTHER SECRETION LODGED IN ITS CAVITY, OFTEN ASSUMING A FIBROUS APPEARANCE.

A COAGULUM of blood, thrown into the womb by a relaxation of the mouth of the menstrual excrements, or remaining there as a sequel of miscarriage or labour, is, perhaps, the most common cause of this morbid action and sensation. It was long ago thus explained by Mr. Hewson — “from the blood’s being without motion in the cavity of the uterus;” and consequently coagulating: “and hence,” continues he, “the origin of those large clots, which sometimes come from the cavity: and which, when more condensed by the oozing out of the serum, and of the red globules, assume a flesh-like appearance, and have been called moles.”* The concretion, indeed, has become sometimes so close and indurated as to resemble the consolidation of a stone; and hence Mr. Bromfield describes a mole, expelled from the uterus, as consisting of a stony mass of the size of a child’s head.† And Hancock has related a similar case.‡

Living blood, however, has a strong tendency at all times, and especially when aided by rest and the warmth of the body, to fabricate vessels and assume a membranous structure. “I have reason to believe,” says Mr. J. Hunter, “that the coagulum has the power, under necessary circumstances, to form vessels in and of itself: for although not organic, it is still of a peculiar form, structure, or arrangement. I think I have been able to inject what I suspected to be the beginning of a vascular formation in a coagulum when it could not derive any vessels from the surrounding parts.”§ It is probably on this account, that we sometimes find the discharged mass or mole evincing something of a fibrous or membranous appearance, and mimicking the structure of an organised substance.

Fragments of a placenta, or of its membranes, have also sometimes remained unexpelled from the uterus, and have become blended with coagula of blood ||, and probably of blood aiming, as above, at a vascular development; and hence the mole has been of a still more complicated character, and has often puzzled practitioners of great judgment and experience.

And occasionally hydatids have found the means of forming a nidus in some one of the sulci of the womb, and, by swelling into

GEN. IV.
SPEC. I.

Most common cause a coagulum of blood, as asserted by Hewson.

This sometimes greatly altered in its form and ordinary proportion.

Occasionally hard like stone.

Sometimes assumes a fibrous or other organised structure.

Explained.

Fragments of placenta sometimes a cause: and hence the mole of a still more complicated make.

Hydatids have frequently lodged in the

* Enquiries, &c. part i. p. 27.

† Observ. ii. p. 156.

‡ Diss. de Molâ, occasione molæ osseæ in vetulâ inventæ. Goet. 1746.

§ On Blood, &c. p. 92. 4to. edit. 1794. The accuracy of these statements is questioned by some pathologists of the present time. — Ed.

|| Ruysch, Thesaurus iii. vi.

GEN. IV.

SPEC. I.

Pseudocyesis molaris.

sulci: and swollen the mass to an enormous size.

Where fragments of an uterine fetus are found, not properly called a mole:

such being rather miscarriages, or remnants of miscarriages lying for a long time unexpelled, as already explained.

Simulating pregnancy from molar concretions often mistaken for utero-gestation.

a considerable vesicular tumour, or various clusters of such tumours, have very considerably added to the enlargement.*

The distinguishing character in this case is the perpetual oozing of a colourless watery fluid from the vagina. The hydatid is usually dispelled by a process resembling labour, which is followed by a profuse and alarming hemorrhage, that, however, seldom proves fatal under proper management.†

Many writers have described, by the name of moles, the fragments of a fetus, which have long remained in the uterus after its death, and have sometimes been surrounded by an adscititious involucrum, or some part of its placenta or membranes, but so changed by some subsequent chemical or animal operation, as to have little resemblance to their original structure.‡ These, however, are rather miscarriages, or remnants of miscarriages, than moles. They manifestly bespeak an impregnation and organic growth in the proper organ, but, owing to torpitude, or some other diseased condition of the womb, were not expelled at the period of the death of the fetus. We have already observed, in treating of miscarriage, PARACYESIS ABORTUS, and more particularly still under PARACYESIS PLURALIS, that such retention, and almost to an unlimited period, is by no means uncommon, and have illustrated the remark by numerous examples.

Simulating pregnancy, from molar concretions, assumes in many cases so much of the character of genuine impregnation as to be distinguished with considerable difficulty. In general, however, the abdominal swelling increases in the spurious kind far more rapidly,

* Eph. Nat. Cur. Dec. II. Ann. II. 157. Ann. VIII. 50. et alibi. — Morgagni De Sed. et Caus. Morb. Ep. XLVIII. 12, &c.

† Clarke, Observations on the Diseases of Females, &c. 8vo. 1821.

‡ It is supposed "that the embryo may be expelled, and yet the membranes continue to adhere to the uterus, and be completely developed. The membrana decidua is said to acquire a considerable thickness, and the amnion entirely to disappear, while the cavity of the chorion gradually contracting, the mass which remains is only a red fleshy substance, in the centre of which there is sometimes visible a small serous cavity." M. Velpeau, and other French pathologists, have followed Ruysch in explaining the formation of fleshy moles on this principle; but (according to Dr. R. Lee,) though these substances are invariably the product of conception, it is not certain, that they are formed by the growth of the membranes, subsequent to the death and expulsion of the embryo. In several cases, no embryo was at any time discharged. (See Cyclop. of Pract. Med. art. Abortion.) Madame Boivin and Professor Duges adopt the following arrangement of moles. 1st. The false germ or ovum. 2d. The fleshy mole; and 3d. The vesicular or hydatid mole. According to this view, all moles are regarded as the vitiated or morbid product of conception, and of course as never formed in any female that has not had sexual intercourse. The first variety, the false germ, occurs in the early days or weeks of conception, in consequence of the formation of a small tumour, or an effusion of blood at the origin of the umbilical vessels, partial detachment of the membranes, and, perhaps, mere disorder of the circulation by fright, shock, &c. the embryo dies, and is then dissolved in the water of the amnion, like a flake of gelatine. This blighted ovum seldom remains in the womb beyond two or three months, and cannot then be distinguished from a regular pregnancy at the full time. In general it is expelled entire and without rupture. Of fleshy moles, two kinds are described; one hollow in the centre, the other solid; both cases referred by these writers to a degeneration of the envelopes of the fetus. The vesicular mole is ascribed to the same origin. See Traité Pratique des Maladies de l'Uterus, et de ses Annexes, &c. par Madame Boivin et A. Dugès; of which an instructive analysis is given in the Edinb. Med. and Surgical Journ. Nos. 114—117. — Ed.

than in the real, for the first three months ; after which it keeps nearly at a stand: the tumour, moreover, is considerably more equable, the breasts are flat, and do not participate in the action, and there is no sense of quickening. There is almost always a retention of the menses. *

If we suspect the disease, the state of the uterus should be examined, and it will often be in the examiner's power to ascertain the fact, and by a skilful introduction of the finger to hook down a part of the mass through the cervix, and hence, by a little dexterity, to remove the whole ; but he should be careful not to break the mole into fragments.

Moles, wholly or in fractions, are thrown out by the action of the uterus at different periods: often at three months ; more frequently by something like a regular accession of labour-pains, at nine : but they occasionally remain much longer : in a case of Riedlin's, for three years † ; and in one described by Zuingen, for not less than seventeen. ‡

GEN. IV.

SPEC. I.

Pseudocyesis molaris.

Distinctive characters.

The state of the uterus to be examined, by which the concretion may often be removed.

Moles wholly or in fractions discharged at different periods: but often retained for many years.

SPECIES II.

PSEUDOCYESIS INANIS.

FALSE CONCEPTION.

THE UTERUS VOID OF INTERNAL SUBSTANCE ; AND IRRITATED BY SOME UNKNOWN MORBID ACTION.

THERE are two periods during the active power of the womb, in which it is peculiarly irritable ; and these are at the commencement and at the final termination of the catamenial flux. And hence it sometimes happens at the last period, from some unknown excitement, though generally, perhaps, the increased erethism, which, in consequence of such irritation, accompanies the conjugal embrace, that it becomes sensible of feelings and communicates them to the stomach, not unlike what it has formerly sustained in an early stage of impregnation ; and, a catenation of actions having thus commenced, every link in the chain that accompanied the whole range of former pregnancies, is passed through and as accurately imitated as if there were a real foundation for them.

This illusory feeling, however, sometimes dies away gradually at the end of three months, but more usually runs on to the end of the ninth, when there is occasionally a feeble attempt at labour pains, but they come to nothing : and the farce is gradually, and, in a few instances suddenly, concluded by a rapid diminution of the abdominal swelling, and a return of the uterus to its proper size.

The most extraordinary case of this kind that has ever occurred

* The enlargement of the breasts and abdomen comes on more suddenly than in real pregnancy ; and in the second month appears more prominent than it would do in the fifth, were such enlargement connected with gestation.—ED.

† Lin. Med. 1695, p. 297.

‡ Theatrum Vitæ humanæ, pp. 33. 357.

GEN. IV.

SPEC. II.

Womb most irritable in its earliest and in its latest power of action : and hence towards the close of menstruation sometimes re-assumes the feelings of pregnancy it has formerly sustained, and goes through the entire train of symptoms. This illusory feeling dies away gradually, sometimes at three months, but sometimes not till nine, when there is a feeble attempt at labour-pains.

GEN. IV.
SPEC. II.
Pseudocyesis
inanis.
Singular ex-
emplification.

to me, is given under the unmeaning name of *nervous pregnancy*, by M. Rusal of Var, in the department of the Charante, in the first number of the *Gazette de Santé* for 1824; which is peculiarly characterised by the perpetuity of its annual recurrence for twenty years, or rather through the whole of the patient's life. Mary Gibaud had uniformly enjoyed good health previous to her marriage. This took place when she was about thirty; shortly after which, menstruation ceased; nausea or sickness was complained of in the morning; the abdomen enlarged; quickening and subsequent motions of the fetus were supposed to be felt: and, at length, what were conceived to be labour-pains supervened. These continued while a female midwife was present, for thirty-six hours; but without any enlargement of the os uteri. A surgeon of reputation was applied to, at the moment of whose arrival a considerable uterine hemorrhage took place, accompanied with syncope. The surgeon proceeded instantly to deliver; but, to the astonishment of all present, he found the womb entirely unimpregnated. The hemorrhage took off the pains for two or three hours, at which time they returned again. The surgeon now bled her copiously, and every symptom vanished. At the end of a month, the menstrual excitement not producing any discharge, the same train of feelings were produced in their stead, ran the same round, and terminated in the same way; the same precise order being repeated for twenty times in succession. The patient was from time to time visited by different professors of eminence: and, on one occasion, was taken to the hospital of Angoulême, where she was tapped, as being supposed to be dropsical; but no fluid was evacuated. Her breasts through every period were gorged with milk, and she at length died in her fifty-first year, of an inflammation of the ear, that spread to the brain.*

False con-
ception.
How distin-
guished from
genuine preg-
nancy.

The ordinary distinctive signs, which indicate real from spurious pregnancy under the last species, and which we have already noticed, are equally applicable to the present, and the practitioner should avail himself of them.

* See Cl. III. Ord. II. Gen. VII. Spec. II. *Empresma otitis interna*.

CLASS VI.

CLASS VI.

ECCRITICA.

DISEASES OF THE EXCERNENT FUNCTION.

ORDER I.

MESOTICA.

AFFECTING THE PARENCHYMA.

II.

CATOTICA.

AFFECTING INTERNAL SURFACES.

III.

ACROTICA.

AFFECTING THE EXTERNAL SURFACE.

CLASS VI.

PHYSIOLOGICAL PROEM.

THE structure of the solid parts of the body consists of three distinct substances — a filamentous, a parenchymatous, and a cellular or web-like, as it was denominated by Haller, the *tissu muqueux* of Bordeu *, and the *tela mucosa* of Blumenbach. † The filamentous is chiefly to be traced in the bony, muscular, and membranous parts: the parenchyma, a term first employed by Erasistratus, and as we shall show hereafter, in a very different sense from that in which it is used at present, in what are commonly called visceral organs: and the cellular in both. This last, while it serves the purpose of giving support to the vessels and nerves of the fibrous parts, of separating them from each other where necessary, and where necessary of connecting them, is the repository or receptacle of the gelatinous or albuminous material, which constitutes the general substance of the parenchymatous parts, and has peculiar qualities superadded to it, according to the nature of the organ which it embodies, and the peculiarity of the texture which runs through it: whence the structure of the liver differs from that of the pancreas, the structure of the pancreas from that of the kidneys, and the structure of the lungs, or of the placenta, from all the rest. It is usually supposed to be a condensation of this, that forms the proper membranes which cover the exterior of the viscera, as well as the interior of those that are hollow, and which, as we have already observed ‡, are divided into serous, mucous, and fibrous, by Bichat and his followers.

All these parts are perpetually wearing out by their own action, the most firm and solid, as well as the most spongy and attenuate. They are supplied with new materials from the general current of the blood, and have their waste and recrement carried off by a correspondent process.

It is obvious, that, for this purpose, there must be two distinct sets or systems of vessels; one, by which the due recruit is provided; the other, by which the refuse or rejected part is removed.§ These vessels are, in common language, denominated SECRETORIES and ABSORBENTS. They bear the same relation to each other as the arteries and veins: the action, which commences with the former, is carried forward into the latter; and we may further observe that, while the secretories originate from the arteries, the absorbents terminate in the veins. The general function, sustained by these two sets or systems of vessels, is

CLASS VI.

Solid parts composed of three substances.

Filamentous, parenchymatous, cellular, or mucous tissues.

Use of the last.

All these parts wear out by their own use, and are supplied from the blood.

Hence two distinct sets of vessels: as secretories and absorbents.

Related to each other as arteries to veins: and fulfil the excretal or excrement function.

* *Recherches sur le Tissu Muqueux ou Organe Cellulaire.* Paris, 1791.

† *Physiol.*, § 21.

‡ *Vol. i. Physiol. Proem.*

§ *Bostock, Elementary System of Physiology*, p. 70. 8vo. 1824.

CLASS VI.

denominated, in the present work, ECCRITICAL or EXCERNENT: the health of this function consists in the balance of power maintained between their respective vessels; and its diseases in the disturbance of such balance. There may be undue secretion with healthy absorption; undue absorption with healthy secretion: or there may be undue or morbid absorption and secretion at the same time.

Refuse matter not all wasted. Eliminated matter of two sorts: one capable of being restored to use; the other altogether incapable of revival.

Absorbent system takes the charge of the first: the second is thrown out from the system.

The refuse matter, however, or that which is no longer fit for use, is not all wasted: nor in reality any of that which falls within the province of the absorbents. Nature is a judicious economist, and divides the eliminated materials into two parts — one consisting of those fluids which, by an intimate union with the newly formed chyle, and a fresh subaction in the lungs, may once more be adapted for the purposes of general circulation; and the other of those which no elaboration can revive, and whose longer retention in the body would be mischievous. It is the province of the absorbent system to take the charge of the whole of the first office; to collect the effete matter from every quarter, and to pour it, by means of innumerable channels that are perpetually uniting, into the thoracic duct, which forwards it progressively to the heart. The really waste and intractable matter, instead of disturbing the action of the absorbents, is at once thrown out of the general system by the mouths of the secernents themselves, as in the case of insensible perspiration; or, where such a perpetual efflux would be inconvenient, is deposited in separate reservoirs, and suffered to accumulate, till the individual has a commodious opportunity of evacuating them, as in the case of the urine and the feces.

Thus far we see into the general economy: but when we come to examine minutely into the nature of either of these sets of vessels, we find that there is much yet to be learned, both as to their structure, and the means by which they operate. The subject is of great importance, and may, perhaps, be best considered under the three following divisions: —

- I. THE GENERAL NATURE OF THE SECERNENT SYSTEM.
- II. THE GENERAL NATURE OF THE ABSORBENT SYSTEM.
- III. THE GENERAL EFFECTS PRODUCED BY THE ACTION OF THESE TWO SYSTEMS ON EACH OTHER.

I. Secernent system.

All secreted matters formerly supposed to be contained in the circulating mass: and separated by peculiar attractions; or ferments:

or the peculiar figure of the respective vessels.

I. It was at one time the common doctrine among physiologists, as well chemical as mechanical, that all the vast variety of animal productions which are traced in the different secretory organs, whether wax, or tears, or milk, or bile, or saliva, were formerly contained in the circulating mass; and that the only office of these organs was to *separate* them respectively from the other materials that enter into the very complex crasis of the blood: whence, indeed, the name of SECERNENTS or SECRETORIES, which mean nothing more than *separating powers*. This action was by the chemists supposed to depend on peculiar attractions, or the play of affinities, which was the explanation advanced by some; or on peculiar ferments, conveyed by the blood to the secernent organ, or pre-existing in it, which was the opinion of others. The mechanical physiologists, on the contrary, ascribed the separation to the peculiar figure or diameter of the secretory vessels, which by their make, were only fitted to receive particles of a given form

as prisms where the vessels were triangular, and cubes where they were square. Such was the explanation of Des Cartes : while Boerhaave, not essentially wandering from the same view, supposed the more attenuate secretions to depend upon vessels of a finer bore, and the more viscid upon those of a larger diameter.

Modern chemistry, however, has completely exploded all these and many other hypotheses, founded upon the same common principle, by proving that most of the secreted materials are not formally existent in the blood, and, consequently, that it is not, strictly speaking, by an act of separation, but of new arrangement or recomposition, that they are produced out of its elements. [However, notwithstanding it is not always possible to recognise in the blood the elements of every secretion, the quantity of secretion has undoubtedly a relation to the quantity of blood circulating in a part. Thus, when the quantity of milk, secreted by the breast, is increased after parturition, the arteries of the part are enlarged; and, in order to check the growth of a tumor, it is frequently sufficient to tie the main artery leading to it.*] Not having gained much light from the above researches, physiologists have been led to a critical enquiry into the fabric of the secerning organ, but hitherto without much satisfaction. In its simplest state, it seems, as far as it can be traced, to consist of nothing more than single vessels possessing a capillary orifice, as in the Schneiderian membrane.† In a somewhat more compound form, we find this orifice opening into a follicle, or minute cavity of an elliptic shape; and, in a still more complicated make, we meet with a glandular apparatus more or less conglomerate, consisting of a congeries of secernent vessels, with or without follicles, and occasionally accompanied with a basin or reservoir for a safe deposit of the secreted or elaborated matter against the time of its being wanted, of which the gall-bladder furnishes us with a well-known example. But, in none of these instances, are we able to discover any peculiar device produced by this complication of machinery, beyond that of affording the means of accumulation: for, large as is the organ of the liver, it is in the penicilli, or the pori biliarii alone that the bile is formed and completely elaborated; the liver is a vast bundle or combination of these, and hence affords an opportunity for a free formation of bile in a collective state, but it has not been ascertained that it affords any thing more. And although in the gall-bladder we find this fluid a little varied after its deposit, and rendered thicker, yellower, and bitterer, the change is nothing more than what must necessarily follow from absorption, or the removal of a part of the finer particles of the bile. The conglomerate glands of the mammæ offer us the same results; for the milk here secreted is as perfect milk in every separate lactiferous tube, as when it flows in an accumulated form from the nipple. And hence, follicles themselves

CLASS VI.
I. Secernent system.

These hypotheses disproved by modern chemistry; and the secreted fluids shown to be produced by recomposition.

Fabric of the secerning organs:

simple capillaries; vessels with the appendage of a follicle; and glands.

Glands seem to afford nothing more than the means of accumulation: evidenced in the liver,

and in the breasts.

* See Mayo's *Outlines of Human Physiology*, p. 116. 2d edit.

† The various substances of which the body consists, or which are thrown out upon its surfaces, or ooze into its cavities, are for the most part separated or secreted from the capillary vessels of the aortic system of arteries. There are probably, as Mr. Mayo has noticed, two exceptions to this statement. The bile appears to be secreted from the capillaries of the vena portæ; and the aqueous vapour from the lungs is perhaps in part supplied from the capillaries of the pulmonary artery. — ED.

CLASS VI.
I. Secernent
system.

Secretion how
far produced
by a nervous
power.

Electrical
organ of gym-
notus electricus,
applied to this
enquiry.

Secretions
effected by
mental emo-
tions.

Of the depend-
ence of secre-
tion on nervous
influence.

may be nothing more than minute reservoirs for the convenient accumulation of such fluids as are deposited in them till they are required for use. Mucus and serum are inspissated by retention, but they rarely undergo any other change. We are obliged, therefore, to conclude, with Sir Everard Home, that "the organs of secretion are principally made up of arteries and veins; but there is nothing in the different modes in which these vessels ramify, that can in any way account for the changes in the blood out of which secretions arise." *

These organs, however, are largely supplied with twigs of small nerves, and it has been an idea long entertained by physiologists, that secretion is chiefly effected through their instrumentality. Sir Everard Home, in his paper inserted in the volume of the Philosophical Transactions just referred to, has observed, "that in fishes which are capable of secreting the electrical fluid, the nerves, connected with the electrical organs, exceed those that go to all the other parts of the fish, in the proportion of twenty to one †:" and, in confirmation of this view of the subject, it may be remarked, that there are no parts of the body more manifestly affected, and few so much so, as the secretory organs, by mental emotion. The whole surface of the skin is sometimes bedewed with drops of sweat and even of blood by a sudden paroxysm of agony of mind: grief fills the eyes with tears: fear is well known to be a powerful stimulant to the kidneys, and very generally to the alvine canal: anger gives an additional flow, perhaps an additional acrimony, to the bile; and, if urged to violence, renders the saliva poisonous, as we have already observed under the genus *LYSSA* ‡; and disappointed hope destroys the digestion, and alters the qualities of the secreted fluids of the stomach. [The saliva, the bile, the urine, and perspiration, are examples of the products of *functional* secretion, as it is sometimes termed, when contrasted with *nutritive* secretion, the object of which is to separate from the blood all the different kinds of matter employed in the growth and incessant renewal of the various textures of the body. Functional secretion is considered to be remarkably under the influence of the nerves. Upon one affection of the mind, the tears flow; upon a second, the urine; upon another, the saliva; yet Mr. Mayo found, upon cutting the nerves of the kidney in a dog, that, in half an hour afterwards, urine had accumulated in the pelvis of the kidney, and in the ureter, which had been tied. § Whether secretion be essentially connected with the influence of the brain and nerves, is a point not yet altogether determined. Many considerations leave no doubt, that the process of secretion in general, and particularly that of functional secretion, are materially affected by the state of the nervous system, especially, as already remarked, by various mental emotions. Whether this

* Phil. Trans. 1809, p. 387. The changes, here adverted to, are no doubt essentially connected with a peculiarity of organisation and vascular arrangement; but, in addition to these conditions, we are compelled to believe, that the nature, as well as the quantity of the secretion, intimately depends upon the specific action of the discerning or capillary vessels. — ED.

† Phil. Trans. 1809, p. 386.

‡ Vol. iii. p. 276.

§ Mayo's Outlines of Human Physiology, p. 121. 2d edit.

fact, which is undisputed, be compatible with other phenomena, proving that secretion may be performed under circumstances wherein the influence of the brain and nerves cannot operate, is another matter for examination. There may not be any thing incompatible in the two positions: the kidney may secrete in an acephalous child, but it may secrete differently, that is to say, more perfectly and freely, in another infant, in which the whole nervous system is complete. Mr. Lawrence has briefly summed up the several arguments on each side of this question. Secretion, he observes, is performed by the minute vessels, all the other actions of which are manifestly exempt from the influence of the brain. Capillary circulation; nutrition, in which the capillaries separate from a common fluid the materials which they convert into all the various animal structures, and thus build up and support the various organs; the serous and mucous exhalations; are all performed in fetuses without brain or spinal marrow. They go on when the influence of the brain is suspended in apoplexy, compression, and concussion. The two former and cutaneous exhalation are kept up in the limbs of the paralytic, and of animals in which all the nerves have been divided. Nutrition is performed in structures which possess no nerves, as tendon, cartilage, &c. Serum and pus are formed, when blisters are applied to paralytic limbs. When the nerves of the eighth pair have been divided, the air vesicles and tubes of the lungs become loaded with mucous fluid; the same phenomenon takes place in a still greater degree, when artificial respiration is carried on in decapitated animals, and has even in this case been set down as the immediate cause of death.* In the acephalous fetus, described by Mr. Lawrence, secretion appeared to be independent of the nervous system, as urine was secreted when neither cerebrum nor cerebellum existed.†

CLASS VI.
I. Secernent
system.

Of the depend-
ence of secre-
tion on nervous
influence.

The foregoing facts clearly prove the possibility of secretion, independently of the brain and nerves; but they are far from proving, that when the brain and nervous system do exist, secretion is beyond their influence. This is a point which the editor deems quite incapable of being established. Even the common action of blushing, the effect of mental emotion, proves that the minute arteries are quickly reached and affected by the nervous influence. The increased determination of blood to the corpora cavernosa, in certain states of the mind, is another proof of the same fact. The profuse perspiration, often brought on by fear; the increased flow of saliva at the sight and smell of food; the augmented secretion of tears under various affections of the mind; the copious pale urine, suddenly excreted in hypochondriacal and hysterical persons; and the decided affection of the biliary secretion in some cases by mental emotion, only admit of explanation by reference to the agency of the nervous system.

Mr. Brodie found that the secretion of the urine does not take place in animals, in which after decapitation the circulation of the blood was sustained by artificial respiration. This fact, which is somewhat repugnant to that above quoted from Le Gallois, shows, that the present subject is one concerning which much obscurity yet prevails.]

* Le Gallois, *Expériences sur le Principe de la Vie*, &c. p. 240. Paris, 1812.

† *Med.-Chir. Trans.*, vol. v. p. 223.

CLASS VI.

I. Secernent system.

Of the dependence of secretion on nervous influence.

Many facts seem to prove, that the secretory organs are very much influenced by the sensorial system; yet Haller has long ago observed, that the larger branches of the nerves seldom enter into them, and seem purposely to avoid them*: the secernent glands have little sensibility; and the secretions of plants, which have no nervous system, are as abundant and diversified, and as wonderful in every respect, as those of animals. [In a paralysed limb, growth, and the common phenomena of reproduction, take place. When the fifth pair of nerves was divided upon the petrous portion of the temporal bone in a rabbit, upon breaking off the crown of an incisor tooth, Mr. Mayo† found the part reproduced as rapidly as in an animal in which the nerves were entire. And, as the same writer remarks, the human mola sometimes attains considerable developement without either brain or spinal cord. Yet, in the instance of one organ of very delicate fabric, it has been proved, that its nutrition is disturbed upon the division of one of the nerves which supply it. When the fifth pair of nerves is divided close to its origin within a rabbit's skull, the upper portion of the surface of the eye inflames, and the upper segment of the cornea becomes turbid. M. Magendie also found, that, if the fifth nerve be destroyed upon the petrous portion of the temporal bone, where it is involved in the ganglion of Gasser, the entire cornea becomes opaque in twenty-four hours, and the opacity daily increases: on the second day, the tunica conjunctiva reddens, and secretes pus; the iris becomes inflamed and covered with lymph; and at length the cornea ulcerates, and the humours are discharged.‡ From what has been stated, it may be concluded, that nutritive secretion is partly independent of the influence of the brain.]

The means, therefore, by which the very extensive and important economy of secretion is effected, seem hitherto, in a very considerable degree, to have eluded all investigation. We behold, nevertheless, the important work proceeding before us, and are in some degree acquainted with its machinery.

The simplest and most copious secretion, the halitus of internal surfaces.

The most simple, and at the same time, perhaps, the most copious of the fluids, which are in this manner separated from the blood, is that discharged by very minute secernent vessels, supposed to be terminal or exhalent arteries, which open into all the cavities of the body, and pour forth a fine breathing vapour, or halitus, as it is called, which keeps their surfaces moist, and makes motion easy—an effluvium which must have been noticed by every one who has ever attended the cutting up of a bullock in a slaughter-house. We have formerly had occasion to observe, that arteries terminate in two ways—in minute veins, and in exhalent vessels. The former termination can often be followed up by injections, and occasionally traced by the microscope; but no microscopic experiment has hitherto enabled the anatomist to discover the orifices of the exhalent branches of arteries. Their existence, however, is proved, as Mr. Cruikshank has observed, by their sometimes pouring forth blood instead of vapour, and especially when enlarged in diameter, or acted upon by a more than

The mouths of the vessels producing this, never yet discovered. Their existence and connection with the arterial system how proved.

* Physiolog., tom. ix. passim.

† Outlines of Human Physiology, p. 117. 2d edit.

‡ Magendie, Journ. de Physiol., tom. iv. pp. 176. and 302.

ordinary vis a tergo. Of this, we have an instance in bloody sweat ; as also in the menstrual flux, which, though not blood itself, proceeds, as Dr. Hunter has sufficiently shown, from the mouths of the exhalent arteries of the uterus, periodically altered in their diameter and secernent power.

CLASS VI.
I. Secernent system.

II. The fluid, thus thrown forth to lubricate internal surfaces, would necessarily accumulate and become inconvenient, if there were not a correspondent set of vessels perpetually at work to carry off the surplus. But such a set of vessels is every where distributed over the entire range of the body, as well within as without, to answer this express purpose : and they are hence called ABSORBENTS ; and, from the limpidity of their contained fluid, LYMPHATICS.

II. Absorbent system.

Their course has been progressively followed up and developed from the time of Asellius*, who in the year 1622, “reaped the first laurels in this field by his discovery of those vessels on the mesentery, which, from their carrying a milk-white fluid, he denominated LACTEALS †,” and whose researches were confirmed and extended by the valuable labours of Pecquet, Rudbeck, Jollyfe, Bartholine, Glisson, Nuck, and Ruysch, till by the concurrent and finishing demonstrations of Hoffman and Meckel, and more especially of our own illustrious countrymen Hewson, the elder Monro, both the Hunters, and Cruikshank, the whole of this curious and elaborate economy was completely explained and illustrated towards the close of the preceding century, and the opposition of Baron Haller was abandoned. ‡

The course of these sufficiently ascertained and demonstrated.

Lacteals, what.

The vessels of the absorbent system anastomose more frequently than either the veins or the arteries ; for it is a general law of nature, that the smaller the vessels of every kind, the more freely they communicate and unite with each other. We can no more trace their orifices, excepting, indeed, those of the lacteals, than we can the orifices of the exhalents ; but we can trace their united branches from an early function, and can follow them up singly, or in the confederated form of conglobate glands, till, with the exception of a few that enter the right subclavian vein, they all terminate in the common trunk of the thoracic duct ; which, as we have formerly observed, receives also the tributary stream of the anastomosing lacteals, or the absorbents which drink up the subacted food from the alvine canal, whose orifices are capable of being traced—and pours the whole of this complicated fluid, steadily and slowly, by means of a valve placed for this purpose at its opening, into the subclavian vein of the left side. And as these all perform a common office, are of a like structure, pass through similar glands, and terminate in a common channel, there is strong reason to suppose them to constitute a common system ; and hence, as we are capable of tracing up the mouths of the lacteals, we are led to conclude analogically, that the lym-

Absorbents anastomose more frequently than any other vessels, and why.

All terminate in the thoracic duct, whence their contents are conveyed to the heart, and appear to form a common system.

* Epistola ad Haller.

† Hewson, of the Lymphatic System, p. 2.

‡ The claim to the honour of the discovery of the uses of the lymphatics, produced an acrimonious controversy between Drs. Hunter and Monro. Neither of these great anatomists seems to have been aware, that the main facts, the cause of this celebrated dispute, had been distinctly mentioned by M. Noguez, in his work *L'Anatomie du Corps Humain*, ed. 2. 1726. See an account of the Life, &c. of Wm. Hunter, M.D., by S. F. Simmons, M.D., p. 30. — ED.

CLASS VI.
II. Absorbent
system.

Hereby a prodigious saving of animalised fluids.

Many of the secretions thus thrown into the circulation contribute to invigorate the frame.

Illustrated.

Necessity for
the function of
absorption.

Its purposes.

phatics have mouths of like kind, and for like purposes, although from their minuteness they have hitherto eluded all detection.

By this contrivance, there is a prodigious saving of animalised fluids, which, however they may differ from each other in several properties, are far more easily reducible to genuine blood, than new and unassimilated matter obtained from without.

Yet, this is not all; for many of the secretions, whose surplus is thus thrown back upon the system, essentially contribute to its greater vigour and perfection. We have a striking example of this in absorbed semen, which, as observed on a late occasion *, gives force and firmness to the voice, and changes the downy hair of the cheeks into a bristly beard: insomuch that those who are castrated in early life, are uniformly deprived of these peculiar features of manhood. The absorption of the surplus matter, secreted by the ovaria at the same age of puberty, produces an equal influence upon the mammary glands, and finishes the character of the female sex, as the preceding absorption completes that of the male. So, absorption of fat from the colon, where, in the opinion of Sir Everard Home, it is formed in great abundance, carries on the growth of the body in youth. †

[Many facts and considerations will apprise the physiological enquirer, that the constituent particles of every texture of the body are always undergoing a change; those which become unfit for longer continuance being withdrawn, and new ones deposited in their place. In this manner, an incessant renovation of the component matter of the various organs is kept up during life, to which it is unquestionably quite as essential as any of the other great vital functions, though some of these, in consequence of being more obvious to common notice, may have attracted a greater share of attention. In proof of this statement, we need at present merely observe, that, while respiration comprehends within itself an example of one modification of absorption without which it would be completely useless, a principal object of the circulation is, that all parts may receive from the blood the new materials expressly intended to replace such as are taken away from them by the organs of absorption; and that, if it were not for the absorbent system, by which the circulation is replenished, the copious deductions from the mass of blood, caused by the various secretions, and the perpetual deposition of new matter in every texture, would speedily bring our existence to a conclusion. Thus, by the reciprocal and harmonious action of the discerning arteries and the absorbents, a change is always taking place in the

* Vol. iv. p. 1. Phys. Proem, *suprà*.

† Phil. Trans., 1813, p. 157. These opinions respecting the absorption of the semen, of the redundant matter secreted by the ovaries, and fat from the colon, are only to be received as hypotheses. We have no proof that the testis ever produces its particular secretion, except for the purpose of being collected in the bulb of the urethra during the venereal excitement, and of being expelled at the instant when the orgasm takes place. As for the ovaries, we know of no peculiar matter which it is their office to secrete, unless it be the ovula, which nobody supposes to be habitually absorbed. When the testes or ovaries are wanting, or have been removed, the influence upon the constitution is probably rather to be ascribed to the imperfection of an essential part of the genital system, than to the interruption of any supposed absorption of the semen, or of any matter secreted by the ovaries. — Ed.

identity, though not in the nature, of the component matter of every part of the body; and, what is curious, this change is effected, without the part necessarily undergoing any deviation from its ordinary shape, size, and general appearance. However, during the period of growth, the process is so regulated, that the deposition of new particles exceeds the absorption of the old, and the consequence is a gradual enlargement of the body, limbs, and different organs. After this stage of life, whatever increase takes place in the bulk of the body in general, or any of its parts, must originate either from morbid changes of structure, dropsical disease, the formation of tumors, or the accumulation of adipose matter, the absorption of which, in certain constitutions, does not keep pace with its secretion. But, although the various parts of the body do not enlarge after the stage of life allotted to growth, many of them lose a considerable portion of their volume in old age, as is exemplified in the muscular system in general, and in the absorbent glands; and, even in the infant, while nearly every part is receiving an addition to its size, a few organs, like the thymus gland, and the renal capsules, are dwindling away. Now, whenever the body, or any parts of it, receive new particles into their composition, in exchange for the old, as is the case during the whole of life; or whenever the quantity of constituent matter is lessened, and the size of organs consequently reduced; these effects imply the agency of the absorbents, without the co-operation of which, the secerning arteries might thicken and increase the volume of parts, but could have no power to produce any of those mutations, in which the removal of some of their component particles is an essential branch of the process. The organs, usually believed to effect the species of absorption to which we here refer, are the lymphatic vessels and their glands.

CLASS VI.
II. Absorbent system.

Changes effected by it.

Several cavities in the body are naturally moistened with an exhalation of limpid fluid, and those of the joints are lubricated with synovia; but these and every other secretion, retained for any time within the animal body, are never actually stagnant; for, while the arteries are secreting them, the absorbents are actively employed in removing them, so that, in these examples, an uninterrupted renovation is going on, and the quantity of fluid, though continually receiving additions, is prevented by the absorbents from becoming too copious. This function is also commonly ascribed to the lymphatics.

Harmony of action between the exhalents and absorbents.

Another form of absorption, entirely distinct from the two preceding ones, yet not less important, is that by which nutritious fluid, the product of digestion, and well known by the name of *chyle*, is taken up from the inner surface of the small intestines, and conveyed into the venous system near the heart. For the performance of this very indispensable function, which, in fact, is *the only one whereby the circulation is known, with any degree of certainty, to be replenished*, nature has provided a set of vessels, named *lacteals* from their white appearance, which arises from the chyle being seen through their thin and transparent coats. In modern works, they are also frequently called *chyliferous vessels*, and *nutrient absorbents*. One remarkable peculiarity of the lacteals is, that they generally absorb only chyle, and perhaps never imbibe any other substances; at least, several experiments, undertaken of late years

Office of the lacteals.

CLASS VI.

II. Absorbent system.

They have no concern in molecular absorption.

Whether the lymphatics are absorbents, and the only ones.

Source of the lymph a disputed point.

Absorbents accompany every part of the frame, and enter into the coats of the minutest vessels.

Possess very numerous valves.

Valves vary in number and distance both

in France, tend to establish this point; though it is one at variance with the result of Mr. Hunter's investigations; a circumstance that will be presently noticed again. But, whatever decision may be finally made on this subject, it is acknowledged by all parties, that the lacteals have nothing to do with the removal of the old particles of the body, but only take up those substances which are in contact with the villous coat of the bowels. We have stated, that the absorption of chyle by the lacteals is the only process positively known to be instrumental in replenishing the sanguiferous system; an observation justified in the present state of physiological science, by the doubts entertained concerning the origin and uses of the fluid pervading the lymphatics. The common belief is, that the lymphatics absorb all the old and redundant materials of the body, and also various kinds of fluid within its textures and cavities; and that, by some unexplained operation, all these different substances are converted, as soon as they enter these vessels, into a colourless limpid fluid termed the lymph. The truth is, that nothing has been demonstrably and unequivocally proved about the source of this fluid; and the foregoing hypothesis is absolutely denied by those physiologists, who particularly espouse the doctrine of venous absorption. However, although the origin of the lymph cannot be said to be known with certainty, its course and destination are perfectly understood; and since the lacteals and lymphatics all terminate in a common trunk, and the chyle and lymph are thus blended together, previously to their entrance into the large veins near the heart, there is strong reason for believing, that the lymph is concerned in the same function as the chyle. It appears, therefore, that while the exact use of the lymphatics is a questionable point in physiology, the function of the lacteals, — the conveyance of chyle into the sanguiferous system, — is one that is quite undisputed.]

Lymphatics accompany every part of the general frame so closely, and with so much minuteness of structure, that Mr. Cruikshank has proved them to exist very numerous in the coats of small arteries and veins, and suspects them to be attendants on the vasa vasorum, and equally to enter into their fabric. Wherever they exist they are more richly endowed, as we have just remarked, by very numerous valves, than any other sets of vessels whatever. "A lymphatic valve is a semicircular membrane, or rather of a parabolic shape, attached to the inside of the lymphatic vessels by its circular edge, having its straight edge, corresponding to the diameter, loose or floating in the cavity: in consequence of this contrivance, fluids passing in one direction make the valve lie close to the side of the vessel, and leave the passage free: but attempting to pass in the opposite direction, raise the valve from the side of the vessel, and push its loose edge towards the centre of the cavity. But, as this would shut up little more than one half of the cavity, the valves are disposed in pairs exactly opposite to each other, by which means the whole cavity is accurately closed." *

The distance at which the pairs of valves lie from each other varies exceedingly. The intervals are often equal, and measure an eighth or a sixteenth part of an inch. Yet the interval is, at

* Cruikshank, *Anat. of Absorb. Vessels*, p. 66. 2d edit.

times, much greater. "I have seen a lymphatic vessel," says Mr. Cruikshank, "run six inches without a single valve appearing in its cavity. Sometimes the trunks are more crowded with valves than the branches, and sometimes I have seen the reverse of this."*

In the absorbent system, also, we meet with glands: their form is mostly circular or oval, and somewhat flattened; but we are in the same kind of uncertainty concerning their use, and, in some measure, concerning their organisation, as in respect to those of the secernent system.† The vessel that conveys the fluid to one of these glands is called a *vas inferens*, and that which conveys it away, a *vas efferens*. The vasa inferentia, or those that enter a gland, are sometimes numerous; they have been detected as amounting to fifteen or twenty; and are sometimes thrice or oftener as many. They are always, however, more numerous than the vasa efferentia, or those which carry on the fluid towards the thoracic duct. The last are consequently, for the most part, of a larger diameter, and sometimes consist of a single vessel alone. It is conceived by many physiologists, that the convoluted mass, which forms the gland, consists of nothing more than convolutions of the vasa inferentia; whilst others as strenuously contend, that they are a congeries of cells, or acini, totally distinct from the absorbent vessels that enter into them. [They are very vascular. Each appears to consist of a soft, fleshy, porous substance, contained in a membranous capsule, the central part being firmer and whiter than the rest. Mercury injected into the vasa inferentia appears to fill a series of cells in an absorbent gland, and then escapes by means of the vasa efferentia. After an injection with wax, the whole substance of the gland seems to consist of convoluted absorbents irregularly dilated, and reciprocally communicating.‡ The use of the absorbent glands is unknown; but it would seem that, whatever may be their function, it is most important in young subjects, in whom they are larger and contain a greater proportion of fluid, than in more advanced life.]

As in the case of the secernents, we are also unacquainted with the means by which the absorbents act. This, in both instances, is said to be a *vis a tergo*,—a term which gives us little information in either instance, and is peculiarly difficult of comprehension in the latter. In their most composite state, they possess a very low degree of sensibility, and are but little supplied with branches from the larger trunks of nerves.

Abstruse, however, as the process of absorption is to us at present, we have sufficient proofs of the fact. Of six pints of warm water, injected into the abdomen of a living dog, not more than four ounces remained at the expiration of six hours. The water accumulated in dropsy of the brain, and deposited in the ventricles, we have every reason to believe, is often absorbed from the cavities; for the symptoms of the disease have been sometimes marked, and, after having made their appearance, and been

CLASS VI.
II. Absorbent system.

in the trunks and minutest branches.

Glands of the absorbent system, what.

Vas inferens, what.

Vas efferens, what.

Glands, whether convolutions of vasa inferentia or a congeries of distinct cells.

Their sensibility small, and rarely supplied with branches from the larger nerves.

Proofs of an absorbent power.

* Loc. citat.

† In man, every lymphatic vessel, before reaching the venous system, must traverse a lymphatic gland. See Magendie's Elementary Compendium of Physiology, translated by Dr. E. Milligan, ed. 2. p. 309. — Ed.

‡ See Mayo's Outlines of Human Physiology, p. 213. 2d edit.

CLASS VI.
II. Absorbent
system.

Whether any
absorbents on
the surface of
the body :
appear to exist,
but not capable
of imbibing
fluids of all
kinds.

Proofs of their
existence and
power.

Narcotic fluids
sparingly or
rarely ab-
sorbed : as also
few poisonous
liquids.

Cuticle retards
or impedes
absorption.

skilfully followed up by remedies, have entirely vanished : and the water in dropsy of the chest, and even, at times, in ascites, has been as effectually removed.

It has been doubted by some physiologists whether there be any absorbent vessels that open on the surface of the body : yet a multitude of facts seem sufficiently to establish the positive side of this question, though it is not fluids of every kind that can be carried from the skin into the circulating system, and hence their power is by no means universal. Sailors who, when in great thirst, put on shirts wetted with salt water, find considerable relief to this distressing sensation. Dr. Simpson, of St. Andrews', relates the case of a rapid decrease of the water in which the legs of a phrenitic patient were bathed : and De Haen, finding that his dropsical patients filled equally fast, whether they were permitted to drink liquids or not, did not hesitate to assert, that they must absorb from the atmosphere. Spirits, and many volatile irritants, seem to be absorbed more rapidly than water, and there can be no doubt, that warmth and friction are two of the means by which the power of absorption is augmented. "A patient of mine," says Mr. Cruikshank, "with a stricture in the œsophagus, received nothing, either solid or liquid, into the stomach for two months : he was exceedingly thirsty, and complained of making no water. I ordered him the warm bath for an hour, morning and evening, for a month : his thirst vanished, and he made water in the same manner as when he used to drink by the mouth, and when the fluid descended readily into the stomach."* The aliment of nutritive clysters seems, in like manner, to be often received into the system ; and it is said, though upon more questionable grounds, that cinchona, in decoction, has also been absorbed both from the intestines and the skin.

Narcotic fluids rarely enter to any considerable extent, and never so as to do mischief, respecting which, therefore, the power of the cutaneous absorbents is very limited : and there are few poisonous liquids, with the exception of matter containing the venereal virus, that may not be applied with safety to a sound skin.

[The skin is pointed out by M. Magendie, as an exception to the general law of absorption by veins in all parts of the body. However, if it be deprived of the cuticle, and the blood-vessels of the surface of the cutis be denuded, absorption takes place from it, as well as from every other part. After the application of a blister, if the excoriated surface be covered with a substance, the effects of which upon the animal economy are readily recognised, they frequently become very manifest in a few minutes. Arsenic, applied to ulcerated surfaces, has often produced death. In order that the variolous inoculation, or vaccination, may succeed, every surgeon knows, that the virus must be inserted under the cuticle, in contact with the subjacent blood-vessels. But, when the cuticle intervenes, unless the substances applied be calculated to attack it chemically, and to irritate the blood-vessels, M. Magendie asserts that no absorption is perceptible. This opinion is quite at variance with the belief, that when the body is immersed in a bath, it

* Anat. of the Absorb. Vessels, p. 108.

absorbs a part of the fluid; which supposition has led to the occasional employment of nourishing baths of milk, broth, &c.

From a series of very accurate experiments by M. Seguin, it appears, that the skin does not absorb water in which it is immersed. In order to learn whether this was the case with other fluids, he made experiments on persons labouring under venereal complaints. Their feet and legs were kept immersed in baths, composed of sixteen pints of water, and three drachms of sublimate, each bath being continued an hour or two, and repeated twice a day. Thirteen patients, subjected to this treatment twenty-eight days, exhibited no signs of absorption. A fourteenth presented manifest indications of it, as early as the third bath; but then he had psoric excoriations on the legs. In two others, similarly circumstanced, the same thing occurred. In general, absorption took place only in subjects whose epidermis was not entirely sound. However, at the temperature of 18° Reaumur, sublimate was sometimes absorbed, but not water. From experiments made with other articles, it was found, that the most irritating ones, and those most disposed to combine with the cuticle, were partly absorbed, while others were not so in a perceptible degree. But, according to M. Magendie, what does not happen from simple application, takes place with the assistance of friction. He deems it unquestionable, that mercury, alcohol, opium, camphor, and emetic and purgative medicines, *thus penetrate into the venous system*. They seem to pass through the pores of the cuticle, or the apertures intended for the transmission of hairs, or the insensible perspiration. Besides these experiments, some other very conclusive ones, related by M. Ségalas, leave no doubt, that certain poisonous or highly odorous substances, when applied to an internal membranous surface, or to a wound, or rubbed upon the skin, so as to penetrate the epidermis, *pass directly into the blood, through the coats of the blood-vessels.*]

This double process of secretion and absorption was supposed by the ancients to be performed, not by two distinct sets of vessels expressly formed for the purpose, but by the peculiar construction of the arteries, or of the veins, or of both. These are sometimes represented as being porous, and hence, as letting loose contained fluids by transudation, and imbibing extraneous fluids by capillary attraction. There is, in fact, something extremely plausible in this view of the subject, which, in respect to dead animal matter, is allowed to be true, even in our own day. For it is well known, that a bladder, filled with blood and suspended in the air, from a cause we shall presently advert to, is readily permeated by oxygen gas, so as to transform the deep Modena hue of the surface of the blood that touches the bladder into a bright scarlet; and thin fluids, injected into the blood-vessels of a dead body, transude very generally; insomuch that glue dissolved in water and thrown into the coronary veins, will permeate into the cavity of the pericardium, and, by jellying, even assume its figure. And hence, bile is often found, after death, to pass through the tunics of the gall-bladder, and tinge the transverse arch of the colon, the duodenum, or the pylorus, with a brown, yellow, or green hue, according to its colour at the time.

The doctrine of porosity, or transudation, was hence very gene-

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II. Absorbent system.
Experiments by Seguin;

by Ségalas.

Absorption supposed by the ancients to be performed by the arteries, the veins, or by both, which were conceived to be porous or to transude.

Transudation well known in the present day to take place in dead animal matter.

Illustrated.

Additional illustrations.

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II. Absorbent
system.

Doctrine of
porosity main-
tained till the
time of Hew-
son.

Arteries and
veins conceived
also by the an-
cients to act by
absorbing
mouths:

a view enter-
tained by Hip-
pocrates and
Galen.

This doctrine
revived by
Magendie and
Flandrin, with
some alter-
ations.

Hypothesis of
Magendie
epitomised.

Cuticle has no
power of ab-
sorption in a
sound state.

Magendie's
hypothesis of
the use of
lymphatics.

rally supported, till the time of Mr. Hewson, by physiologists of the first reputation. Boyle hence speaks, as Mr. Cruikshank has justly observed, of the *porositas animalium*, and wonders that this property should have escaped the attention of Lord Bacon. Even Dr. Hunter and Professor Meckel believed it in respect to certain fluids or certain parts of the body. The experiments of Hewson, J. Hunter, and Cruikshank, have, however, sufficiently shown that, while vessels, in losing life, lose the property of confining their fluids, they possess this property most accurately, so long as the principle of life continues to actuate them.*

There is, moreover, another method, by which the ancients sometimes accounted for the inhalation and exhalation of fluids, making a much nearer approach to the modern doctrine; and that is, by the mouths of vessels; still, however, regarding these vessels as arteries or veins, and particularly the latter. "The soft parts of the body," observes Hippocrates, "attract matter to themselves both from within and from without; a proof that the whole body exhales and inhales." Upon which passage Galen has the following comment: "For, as the veins, by mouths placed in the skin, throw out whatever is redundant of vapour or smoke, so they receive by the same mouths no small quantity from the surrounding air: and this is what Hippocrates means when he says that the whole body exhales and inhales."

This hypothesis of the absorption of veins, without the interference of lymphatics, was revived some years ago by MM. Magendie and Flandrin, of Paris, who made an appeal to experiments, which appear highly plausible, and are entitled to a critical examination.

The doctrines hereby attempted to be established are, indeed, varied in some degree from those of the Greek schools, and are more complex. In few words they may be thus expressed:—that the only general absorbents are the veins—that the lacteals merely absorb the food—that the lymphatics have no absorbent power whatever—and that the villi in the different portions of the intestinal canal are formed in part by venous twigs which absorb all the fluids in the intestines, with the exception of the chyle, which last is absorbed by the lacteals, and finds its way into the blood through the thoracic duct; and that these fluids are carried to the heart and lungs directly through the *venæ portæ*, whose function it is minutely to subdivide and mix with the blood the fluids thus absorbed, which subdivision and intermixture are necessary to prevent their proving detrimental.

M. Magendie further supposes, that the cuticle has no power of absorption in a sound state, either by veins or lymphatics; but that, if abraded or strongly urged by the pressure of minute substances that enter into its perspirable pores, the subjacent minute veins are thus rendered absorbent.

He supposes the function of the lymphatics to consist in conveying the finer lymph of the blood directly to the heart, as the

* Notwithstanding the general accuracy of these observations, the experiments of M. Ségalas prove beyond all doubt, that, when certain substances are placed upon the surface of a wound, the excoriated cutis, or an internal membrane in the living body, they find their way directly into the blood through the coats of the blood-vessels. — ED.

veins convey the grosser and purple part : and that they rise, as the veins, from terminal arteries.

Proper lymph, in the system of M. Magendie, is that opaline, rose-coloured, sometimes madder-red, fluid which is obtained by puncturing the lymphatics or the thoracic duct *after a long fast*. It is every where similar to itself; and hence differs from the fluid of cavities, which is perpetually varying. He supposes the mistake of confounding the two to proceed from a want of attention to this fact.

One of the chief reasons urged for regarding veins as absorbents is, that membranes which absorb actively have, in his opinion, no demonstrable lymphatics, as the arachnoid. But, according to Bichat, such membranes have no more demonstrable veins than lymphatics; veins are seen to creep on them, but never to enter.

The two principal experiments on which M. Magendie seems to rely in proof that the veins, and not the lymphatics, are absorbents, are the following:—First, M. Delille and himself separated the thigh from the body of a dog, that had been previously rendered insensible by opium. They left the limb attached by nothing but the crural artery and vein. These vessels were isolated by the most cautious dissection to an extent of nearly three inches, and their cellular coat was removed, lest it might conceal some lymphatic vessels. Two grains of the upas tiente were then forcibly thrust into the dog's paw. The effect of this poison was quite as immediate and intense as if the thigh had not been separated from the body: it operated before the fourth minute, and the animal was dead before the tenth. In the second experiment, a small barrel of a quill was introduced into the crural artery, and the vessel fixed upon it by two ligatures. The artery was immediately cut all round between the two ligatures. The same process took place with respect to the crural vein. Yet the poison introduced into the paw produced its effect in the same manner, and as speedily. By compressing the crural vein between the fingers at the moment the action of the poison began to be developed, this action speedily ceased: it reappeared when the vein was left free, and once more ceased on the vein being again compressed.

These experiments are very striking, and, on a cursory view, may be supposed to carry conviction with them; but the confidence of those who have studiously followed the concurrent experiments, and the clear and cautious deductions of our distinguished countrymen, Hewson, both the Hunters, and Cruikshank, supported as they have been by those of Mascagni, and various other able physiologists on the Continent, will not so easily be shaken.* Reisseissen has limited his researches to the lungs, but seems to have established the doctrine of a distinct system of absorbents in this organ, by showing that the veins of the lungs do not absorb, and pointing out the occasional cause of error upon this subject.†

We have already observed, that lymphatic absorbents, in the opinion of Mr. Cruikshank, probably in that of all these writers, enter as fully into the tunics of veins and arteries, and even into those of the vasa vasorum, as into any other part of the animal

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Proper lymph, what.

Review of
Magendie's
chief experi-
ments.

Remarks on the
above experi-
ments.

Reisseissen's
experiments on
the lungs.

Reconciliation
with the com-
mon and esta-
blished doc-
trine.

* Some observations relating to this statement will be presently introduced.
— E.D.

† De Fabrica Pulmonum Comm. Berolini, 1822.

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system.

frame: and hence, there can be no difficulty in conceiving, that the poison, employed in these experiments, might *accompany* the veins by means of their lymphatics. We also observed that, while the lymphatics anastomose or run into each other more frequently than any other set of vessels, their valves, which alone prevent a retrograde course, and direct the contained fluid towards the thoracic duct, are occasionally placed at a considerable distance from each other, in some instances not less than six inches, and that this length of interval occurs in the minute twigs as well as in the trunks. And hence, admitting that, in the veins that were cut or isolated in M. Magendie's experiments, such a vacuity of valves incidentally existed, there is also no difficulty in conceiving by what course the poisons that have already entered into their lymphatics from without should, in consequence of this frequency of anastomosis and destitution of valves, be stimulated to a retrograde course by the violence made use of, and be thrown into the current of the blood from within, by the mouths of those lymphatics that enter into the tunics of the veins; and particularly as the separated vessels were only isolated to a distance of less than three inches, while the lymphatics are occasionally void of valves to double this distance.

Reconciliation
with the com-
mon doctrine,
continued.

In some cases we have reason to believe, that the lymphatics that enter into the tunics of the lacteals, which M. Magendie admits to be a system of absorbents altogether distinct from the veins, are equally destitute of valves in certain parts or directions, and communicate by anastomosis some portion of the chyle and any substance contained in it to the interior of the adjoining veins, and consequently to the blood itself: for the experiments of Sir Everard Home with rhubarb, introduced into the stomach of an animal, after the thoracic duct had been secured by a double ligature, show that this substance, and consequently others as well, is capable of travelling from the stomach into the urinary bladder, notwithstanding this impediment: and there are certain experiments of M. Fohmann *, who has paid great attention to the subject, that seem to prove that such anastomosis is not unfrequent. [The researches of Lippi also exhibit a still greater frequency of communication between the venous and absorbent system. He has demonstrated, that the absorbent vessels in the abdomen communicate freely with the iliac, the spermatic, the renal, the lumbar veins, the vena cava, and with branches of the vena portæ. He has proved, that they communicate as well by opening directly into the great venous trunks, as into the small veins issuing from the conglobate glands, and also by being continuous with the capillary veins. He has also shown, that several absorbent trunks in the belly proceed directly to the pelvis of the kidney, and open into it.† This fact unquestionably tends to corroborate the opinion of Sir Everard Home, that there is a shorter route from the stomach to the bladder, than through the thoracic duct and sanguiferous system. In the singular experiments made with prussiate of potash, by Dr. Wollaston and Dr. Marcet, the blood which was drawn from the arm during the interval of the

* Anatomische Untersuchungen über den Anastomosis der Lymphatiken mit den Venen. Heidelberg, 1821.

† Lippi, *Illustrazioni Fisiologiche e Patologiche del Sistema Linfatico Chilifero*. Firenze, 1825.

introduction of this substance into the stomach, and its detection in the urine, did not, on being tested, discover the smallest trace of the prussiate, though it was obvious in the fluid of the urinary bladder. [This is perhaps more explicable by the anatomical facts pointed out by Lippi, than by the conjecture expressed by our author in a former edition, namely, the very diffused state of the prussiate in the entire mass of the blood, and its greater concentration when secreted by the kidneys.]

There is, however, another mode of accounting for the result of M. Magendie's experiments, without abandoning the well established doctrine of absorption by the lymphatic system. It is a remark which ought never to be lost sight of, that experiments made upon animals in a state either of great pain or of great debility, can give us, by their result, no full proof of the line of conduct pursued by nature in a state of health. In the dead animal body, the valves of the lymphatic vessels very generally lose all elasticity and power of resistance, and transmit fluids in every direction; whence, in all probability, that porosity or transudation, which we have already observed as manifest, occasionally, in the stomach and intestines, and in various other organs, on the use of anatomical injections. And hence there can be little doubt, that as an organ makes an approach to the same state of insensibility and inirritability, by the severe, if not fatal, wounds inflicted on it in the course of such experiments as are here alluded to, the valves of its lymphatic vessels make an approach also to the same state of flaccidity, and allow the fluids, whose course they should resist, to pass in any direction.

The experiments of a like kind, which have, since M. Magendie's communications, been pursued in France by M. Fodere*, and in America by Dr. Lawrence and Dr. H. Coates†, are open to the same objection. They have been made under circumstances of ebbing vitality or excruciating pain, and a few of them on pieces of animal membrane removed from the parent body. It is admitted, candidly, however, by the last two physiologists, that the quill experiment of M. Magendie, in most instances, though not in all, failed in their hands. Even this, however, is, in every successful result, referred by M. Fohmann to the anastomosing connection, which he has taken much pains to establish, as existing between various veins and lymphatics, and which we have just adverted to.‡

This altered condition of many parts of the lymphatics in the dead body was sufficiently shown by Mr. Cruikshank, in a course of numerous experiments made at Dr. Hunter's Museum, in the spring of 1773. The organs chiefly injected were the kidney, liver, and lungs of adult human subjects. In one case, he pushed his injection from the artery to the pelvis and ureter without any rupture of the vessels. In another, he injected the

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Effects produced on animals in a state of great debility or pain, inapplicable to cases in which there is health, strength, and freedom from pain.

Exemplified.

Additional illustrations from Cruikshank :

* Journ. de Physiologie, Jan. 1823.

† Experiments to determine the absorbing Power of the Veins and Lymphatics. Philadelphia Journ., No. x.

‡ The ingenious author of the "Study of Medicine" has reasoned in this passage with many strings to his bow. If he adopt Fohmann's explanation, he must evidently give up the conjecture respecting the influence of excruciating pain, and ebbing vitality, in bringing about the results of the experiments question. — ED.

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system.

pelvis and ureter *from the vein*, which he thought succeeded better than from the artery. In three different kidneys, he injected from the ureter the tubuli uriniferi for a considerable length along the mamillæ; and, in one case, a number of the veins on the external surface of the kidneys were evidently filled with the injection. In all these experiments, the colouring matter of the injection was vermilion. In numerous instances, he filled the lymphatics of the lungs and liver with quicksilver; and from the lymphatics of the liver, he was able, twice in the adult, and once in the fetus, to fill the thoracic duct itself.*

and Meckel.

Dr. Meckel† had already shown the same facts by a similar train of experiments, instituted only a year or two before, and the conclusion he drew from them is in perfect coincidence with the explanation now offered. Dr. Meckel's experiments consisted in injecting mercury with great care, but considerable force, into various lymphatics, and minute secreting cavities; and he found that a direct communication took place between such cavities and lymphatics, and the veins in immediate connection with them: and hence he contended, that the lymphatics and the veins are both of them absorbents under particular circumstances; the lymphatics acting ordinarily, and forming the usual channel for carrying off secreted fluids; and the veins acting extraordinarily, and supplying the place of the lymphatics where these are in a state of *morbid torpitude* or debility, or the cavity is overloaded. He traced this communication particularly in the breasts, in the liver, and in bladder; and he thus accounts for the ready passage which bile finds into the blood, when the ductus choledochus is obstructed, as in jaundice; and the urinous fluid, which is often thrown forth from the skin and other organs upon a suppression of the natural secretion.

General result.

It follows, therefore, that the experiments of M. Magendie, allowing them to be precisely narrated, are capable of explanation without abruptly overthrowing the established doctrines of preceding physiologists in the same line of pursuit: and we have still ample reason for believing, that the economy of absorption is effected by a system of vessels distinct from veins, and, in a state of health, continually holding a balance with the discerning vessels.

[The questions, whether the lymphatics absorb? whether they are the only absorbents of the old particles of the body? whether the veins are concerned in this or any other branch of the function wholly, or in part? and whether the lacteals absorb any other matter but chyle?—all bear so intimately upon many points in pathology and the treatment of disease, that the determination of them in a clear and satisfactory manner, is almost, if not quite, as desirable, as the settlement of the grand question formerly was about the circulation of the blood.

Trunks of the
lymphatic
system alleged
to be too small
for all the duty
referred to
them.

As having afforded a ground for dissatisfaction with the doctrine that the lymphatics and lacteals were the only absorbents, it may be right to notice the idea entertained by Bichat, Magendie, and some other physiologists, that the capacity of the trunks of

* Edin. Med. Com., p. 430.

† Nova Experimenta et Observationes de finibus venarum et vasorum lymphaticorum in ductus, visceraque excretoria corporis humani, ejusdemque structuræ utilitate. 8vo.

the lymphatic system seemed inadequate to the conveyance of the vast quantity of matter that must be absorbed from the various textures and cavities of the body, either in the shape of old particles needing removal in proportion as new ones are deposited; of redundant fluids, of fat, of chyle, &c.* The opinion tended to raise suspicions of there being some other channels of absorption. As the lymphatics are generally conceived to act upon the matter absorbed at the moment of their imbibing it, and to produce in some inexplicable manner, analogous to the operation of the secerning arteries, certain changes in it, perhaps, much importance cannot be attached to another argument, broached by M. Magendie, namely, that, as the lymph is supposed to be taken up by the radicles of the lymphatics from the surfaces of mucous, serous, and synovial membranes, the cellular tissue, the skin, and the parenchyma of every organ, it is presumed to exist in the different cavities of the body. He argues, that, though some analogy may seem to exist between the lymph and fluids met with upon serous and other membranes, in the cellular tissue, &c., these fluids really differ from it, both in their physical and chemical properties. They also differ from each other; so that he conceives that, if this origin of the lymph were to be admitted, various modifications of it would be found; yet, in all parts of the body, it appears to be of one description. †

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Lymph probably formed by the action of the lymphatic radicles on the matters absorbed.

M. Magendie observes that, before the proofs upon which the common doctrine of absorption by the lymphatics is founded, can justly be received as valid, much more requires to be made out than has yet been done. The experiments instituted by Mr. Hunter were designed to prove, first, that the lymphatic vessels are absorbents; and, secondly, that the veins do not absorb. Now, supposing them to be accurate, which M. Magendie endeavours to show is not the case, he argues, that their number is so small, that it is truly astonishing how they should have been deemed sufficient for the subversion of the ancient doctrine. Some strong facts having been already stated in support of the doctrine that the veins absorb, or, at all events, that articles absorbed are partly transmitted into the veins, by anastomoses between these vessels and the lymphatics, we need not enlarge upon this part of the subject. We shall therefore conclude with observing, that any impartial physiologist, who attentively considers the results of the numerous accurate experiments adduced against those of Mr. Hunter, must arrive at the conclusion, that the lacteals absorb only chyle, or some of the fluids which happen to be within the alimentary canal when no chyle is present there; that the mesenteric veins take up other substances; that the small veins in general, and possibly the small arteries, convey a portion of the absorbed matter by a more direct channel, into the venous system, than that of the thoracic duct; and that, though the lymphatics are probably absorbents, the source of the lymph in them is yet a questionable point in physiology, and one demanding much more elucidation than it has yet received. ‡ That the experiments of

Incorrectness of Hunter's experiments.

Veins either absorb, or the lymphatics communicate directly with them.

Inferences from the experiments of Magendie and others.

* See Bichat, *Anat. Gén.*, tom. ii. p. 102. Magendie, *Précis Elém.*, tom. ii. p. 143.

† *Précis Elém. de Physiol.*, tom. ii. p. 177.

‡ M. Magendie observes, nothing affords a more convincing proof of the imperfection of our knowledge of the function of absorption, than the ideas of

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II. Absorbent
system.

A part of the
Hunterian
doctrine inva-
lidated.

Mayo's observ-
ations and con-
clusions.

M. Magendie and others have shaken the Hunterian doctrine of absorption, notwithstanding our author's partiality to it, must be candidly acknowledged. The process of absorption, in all its forms, indeed, seems to require more organs than Mr. Hunter has assigned to it, and to be altogether a more complicated function than he has represented it. The greater skill and accuracy, also, with which experimental physiology is now practised, have given the researches of M. Magendie and his colleagues a greater value than those of the immortal physiologist of the preceding century, the glory of his profession and his country. Hence we find, that the opinions of some of the latest writers on physiology are beginning to be materially affected by the facts which have been recently elicited. In proof of this remark, let us merely notice the following passage:—"Of the numerous liquid substances which reach the small intestine, the lacteals appear to absorb chyle only.

"The experiments of Hunter went, indeed, to prove the reverse. When a solution of starch and indigo, or milk and water, was injected by Mr. Hunter into the small intestines of sheep and asses, a bluish or whitish liquid appeared to rise in the lacteals. But there is reason to believe, that these observations were not made with sufficient exactness. They have been repeated by M. Flan-
drin and various physiologists of the present day; and no substance thrown into the bowels, distinguishable by its odour, colour*, or poisonous effects, appeared to enter the lacteals. When Mr. Hunter saw a white fluid rise in the lacteals, after pouring milk into the bowel, we must suppose that some remains of chyle in the small intestine continued to be absorbed, and where the blue liquid was used, the deception probably resulted from the following circumstance. When the lacteals are empty, and are seen against a dusky medium, they appear as blue lines upon the mesentery. I observed this circumstance when repeating the Hunterian experiment upon a rabbit. The lacteals, which, when a solution of starch and indigo was first placed in the cavity of the bowel, were full of chyle, on being examined half an hour afterwards, appeared of a clear blue colour; and those present were, for an instant, satisfied that the indigo had been absorbed: but, upon placing a sheet of white paper behind the mesentery the blue tinge disappeared; the vessels were seen to be transparent and

physiologists respecting the lymph. This name is given by some to the serum of the blood; by others, to the fluid in the serous membrane; by others, again, to the serosity of the cellular tissue; whilst there are others who consider the fluid which flows from certain scrofulous ulcers, as lymph. M. Magendie insists on the propriety of restricting the name of lymph to the liquid contained in the lymphatic vessels and thoracic duct, because, by admitting other significations, a permanence is given to an opinion by no means proved; viz., that the fluids of the serous membranes and of the cellular tissue, &c. are absorbed by the lymphatic vessels, and transported by them into the venous system. See Magendie's *Elem. Syst. of Physiology*, by Milligan, ed. 2. p. 306. — Ed.

* "Chyle never takes the hue of the colouring substances mixed with the food. M. Hallé proved the contrary by direct experiments, which I have lately repeated, and with exactly the same results. Animals which I made eat indigo, saffron, and madder, yielded a chyle whose colour was not at all influenced by those substances." *Précis Elem. de Physiol.*, tom. ii. par F. Magendie. — Ed.

empty. On removing the white paper, they reassumed their blue colour." *

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The same writer also believes in the assertion of chyle having been found in the mesenteric veins, but whether absorbed by these vessels, or poured into them by the lacteals, seems to him not determined. In many places, he adverts to the direct termination of lymphatics in the venous system, without the intervention of the thoracic duct. He also considers it proved, that certain poisonous and highly odorous substances, applied to internal membranous surfaces, or wounds, or rubbed into the skin, find their way into the blood through the coats of the blood-vessels, as exemplified in the experiments of M. Ségalas. At the same time, he deems it probable, that molecular absorption is performed by the lymphatics, as taught by Hunter and others.]

III. In different periods of life, many of the secretions vary considerably in their sensible properties, or relative quantity. Thus the bile of the fetus is sweet, and only acquires a bitter taste after birth. In infancy, perspiration flows more profusely than during manhood: and the testes, which secrete nothing before the age of puberty, at this time acquire activity, and again lose their power in old age.

III. General effects produced by the action of the secernent and absorbent systems on each other.

There are also many of the secernent organs that, in case of necessity, become a substitute for each other. Thus the perspirable matter of the skin, when suppressed by a sudden chill or any other cause, is often discharged by the kidneys; the catamenia by the lungs; and the serum accumulated in dropsies by the intestines.

Some secernent organs become a substitute for others: Exemplified.

The secretions are moreover very much affected and increased by any violent commotion of the system generally. In hysteria the flow of urine is greatly augmented, while the absorption of bile seems diminished; and hence the discharge is nearly colourless. In violent agitation of the mind, the juices of the stomach become more acid than natural; and sometimes the secernents of the skin, and sometimes those of the larger intestines, are stimulated into increased action; whence colliquative perspiration, looseness, or both. The heat and commotion of a fever will sometimes produce the same effect, and sometimes a contrary; the skin being dry, parched, and pricking. And occasionally the dryness has been so considerable as to produce a sudden separation of the cuticle from the cutis; of which Mr. Gooch relates a singular instance in a patient who, for several years, had once or twice a year an attack of fever, accompanied with a peculiar itching of the skin, and particularly of the hands and wrists, that ended in a total separation of the cuticle from these parts: insomuch that it could easily be turned off from the wrist down to the fingers' ends, so as to form a kind of cuticular glove.† The same distinguished writer gives as singular an instance of the effects of solar heat upon the skin of another patient, who had no sooner exposed himself to the direct rays of the sun, than his skin began to be affected with a sense of tickling, became violently hot, as stiff as leather, and as

* See Mayo's Outlines of Human Physiology, p. 223. 2d edit. 8vo. Lond. 1828.

† Medical and Chirurgical Observations, 8vo.

CLASS VI.
III. General effects produced by the action of the secernents and absorbents on each other.
Some parts of the body waste and become renewed faster than other parts.

red as vermilion.* In this case, we have an instance of highly excited action in the cutaneous excrements of both kinds, and of the formation of new blood-vessels under the cuticle, followed by a conversion of the cutaneous integument into a coriaceous substance.

There are some parts of the body that waste and become renewed far more rapidly than others; the fat than the muscles; the muscles than the bones; and probably the bones than the skin; for the dye of the madder-root, with which the bones become coloured when this root has for some time formed a part of the daily food of an animal, is carried off far sooner than the coloured lines of charcoal powder, ashes, soot, and the juices of various plants, when introduced into the substance of the skin by puncturing or tattooing it, a practice common among our sailors, and still more so, and carried to a far greater degree of perfection, among the inhabitants of the South Sea Islands.

It has been said, indeed †, that the disappearance of madder colour from the bones, affords no proof that the phosphate of lime, in which it was seated, has itself been carried off at the same time; because the serum of the blood is found to have a stronger affinity for madder than the phosphate coloured by it; and hence will gradually attract and remove it, when the animal is no longer fed with the coloured food. The experiment, however, upon which this latter opinion is grounded, has not been hitherto conducted in such a manner as to be directly applicable to the question; and if it had been, it would afford no proof that a perpetual, though, in that case, a slower change than the madder would exhibit, is not taking place in the bones: nor are we driven to the effects of madder dye upon their solid substance as the only foundation for this opinion; for there is scarcely a bone in the animal system, which does not assume a different shape at one period of life compared with its form at another period: a remark that peculiarly applies to the flat bones of the skeleton, and forms the chief cause of that wonderful change, which the lower jaw experiences as the individual advances from middle life to old age, and which often gives a different character to the entire face. ‡

Hence loss of parts in consequence of fever or accidents reproduced.

Every organ secretes for itself from the common pabulum of the blood.

Many organs peculiarly affected by peculiar stimulants, and perhaps excited to different sensations.

It is from this mysterious power of reproduction appertaining to every part of the system, that we are so often able to renew the substance and function of parts that have been wasted by fevers or atrophy, or abruptly destroyed or lopped off by accident.

In the progress of this general economy, every organ and part of the body secretes for itself the nutriment it requires, from the common pabulum of the blood which is conveyed to it, or from secretions which have already been obtained from the blood, and deposited in surrounding cavities, as fat, gelatin, and lymph. And it is probable, that the several organs of secretion, like the eye, the ear, and the other distinct organs of sense, are peculiarly affected by peculiar stimulants, and excited to some diversity of sensation.

In Germany, this idea has been pursued so far as, in some hypotheses, and particularly that of M. Hubner §, to lay a found-

* Op. citat.

† Bernouilli, Diss. de Nutritione. Groning. 1669. 4to.

‡ Gibson, Manchester Memoirs, vol. i. p. 533.

§ Comment. de Cænesthesi, 1794.

ation for the doctrine of a sixth sense, to which, as we observed on a former occasion *, has been given the name of *selbstgefühl* or *gemeingefühl*, “self-feeling,” or “general feeling.” The sensations, however, we are at present alluding to, are not so much general, or those of the whole self, as particular, or limited to the organs in which they originate; and seem to be a result of different modifications of the nervous influence on which the common sense of touch depends. In most parts of the system, these modifications are so inconsiderable as to elude our notice; but, in others, we have the fullest proof of such an effect; for we see the stomach evincing a sense of hunger, the fauces of thirst, the genital organs of venereal orgasm. And, in like manner, we find the bladder stimulated by cantharides, and the intestinal canal by purgatives; and we may hence conjecture, that every other part of the system, where any kind of secretion is going forwards, is endowed with a like peculiarity of irritability and sensibility, though not sufficiently keen to attract our attention.

It is hence we meet with that surprising variety of secretions which are furnished, not only by different animals, but even by the same animal in different parts of the body. Hence sugar is secreted by the stomach, and sometimes by the kidneys; sulphur by the brain; wax by the ears; lime by the salivary glands, the secretories of the bones, and, in a state of disease, by the lungs, the kidneys, the arteries, and the exhalents of the skin; milk by the breasts; semen by the testes; the menstrual fluid by the uterus; urine by the kidneys; bile by the liver; muriate of soda by the secernents of almost every organ; and sweat from every part of the surface. †

Hence some animals, as the bee, secrete honey; others, as the *coccus ilicis*, a large store of wax; others, as the viper and scorpion, gum, which is the vehicle of their poison: others thread, as the spider and some species of slug; and many silk, as the silkworm and the pinna, or nacre, whence Reaumur denominates the pinna the sea silkworm: it is common to some of the Italian coasts, and its silky beard or byssus is worked at Palermo into very beautiful silk stuffs. There are great numbers of worms,

CLASS VI.
III. General effects produced by the action of the secernents and absorbents on each other.
Gemeingefühl of the German writers, what.
Proofs of peculiar organic sensations and irritations.

Variety of secretions furnished by the same animal in different parts: as sugar, sulphur, lime, milk, urine, bile, muriate of soda:

honey,
wax,
silk,

* Vol. iv. Physiol. Proem.

† No doubt, in the process of glandular secretion, chemical phenomena take place. Several of the secretions are acid, whilst the blood is alkaline; and most of them contain proximate principles, which do not exist in the blood, and must be formed in the glands themselves; but the particular way in which these combinations are effected is unknown. A curious experiment, performed by Wollaston, led him to infer, that a very weak electricity is concerned in the regulation of secretion, and has a marked influence over it. He took a glass tube, two inches long and three quarters of an inch in diameter, and he closed one of its extremities with a bit of bladder. He poured a little water into the tube, with $\frac{1}{240}$ part of its weight of muriate of soda; he wet the bladder on the outside, and placed it on a piece of silver; he then bent a zinc wire, so that one of its ends touched the silver, and the other entered the tube for about an inch. In the same instant, the external surface of the bladder gave indications of the presence of pure soda; so that, under the influence of this weak electricity, there was a decomposition of muriate of soda, and the soda, separated from the acid, passed through the bladder. Wollaston thought it not impossible, that something analogous might happen in the process of secretion; but, as M. Magendie justly observes, before this idea can be adopted, more proof of its correctness is required.

— Ed.

CLASS VI.
III. General
effects produced
by the action of
the secernents
and absorbents
on each other.
phosphorescent
light,
air.
ink,

electricity.

Secretions
among plants
equally diver-
sified.

Singular ex-
emplification in
the milk-tree.

No part of an
organised sub-
stance in which
secretion does
not take place.

insects, and fishes that secrete a very pure, and some of them a very strong, phosphorescent light, so as, in some regions, to enkindle the sea, and in others the sky, into a bright blaze at night. Many animals secrete air; man himself seems to do so under certain circumstances, but fishes of various kinds more largely, as those furnished with air-bladders, which they fill or exhaust at pleasure, and the sepia, or cuttle-fish, with numerous other sea-worms; and by this power they raise or sink themselves as they have occasion. The cuttle-fish secretes also a natural ink, which it evacuates when pursued by an enemy, and thus converts it into an instrument of defence; for, by blackening the water all around, it obtains a sufficient concealment, and easily effects its escape. Other animals, and these also chiefly fishes, secrete a very large portion of electric matter, so as to convert their bodies into a powerful battery. The torpedo-ray was well known by the Romans to possess this extraordinary power: and the *gymnotus electricus* (electric eel) has since been discovered to possess it in a much larger proportion. The genus tetradon, in one species, secretes an electric fluid, in another, an irritating fluid that stings the hand that touches it, and, in a third, a poisonous matter diffused through the whole of its flesh.

From the same cause we meet with as great and innumerable a variety of secretions among plants, as camphors, gums, balsams, resins: and, as in animals, we often meet with very different secretions in very different parts of the same plant. Thus the *mimosa nilotica* secerns from its root a fluid as offensive as that of assa-fœtida; in the sap of its stem an astringent acid; its glands give forth gum arabic; and its flower an odour of a very grateful fragrance: while the MILK-TREE or COW-TREE, the *arbol di lache*, or *palo de vaca*, of South America, overflows with nutritious milk from every part. This is one of the many singular plants noticed by M. Humboldt in his voyage to the equinoctial regions. It is a native of Venezuela, and belongs to the natural family of the Sapotæ; and its juice, in strict correspondence with its name, is said to possess almost all the properties of cow's milk. M. Humboldt visited the district where it was reported to grow, and found the account true; but tells us that it is rather more viscous than cow's milk, and has a slight balsamic taste. He drank it plentifully in the evening and early in the morning without any unpleasant effects; and was told that, when in season, the working people use it with their cassava bread, and always fatten upon it.*

This subject is highly interesting, and might be extended to volumes, but we are already digressing too far. There is no part of the body in which the process of secretion is not going forward: we trace it, and consequently the fabric which gives rise to it, in the parenchyma, or intermediate substance of organs, in their internal surfaces and outlets, and on the external surface of the entire frame: thus forming three divisions of prominent distinction, both in respect to locality and to the diseases which relate to them. It is on these divisions that the Orders of the present Class are founded.

* Annales de Chimie et de Physique, Juin, 1823, tom. xxiii. p. 19.

CLASS VI.

ECCRITICA.

ORDER I.

MESOTICA.

DISEASES AFFECTING THE PARENCHYMA.

PRAVITY IN THE QUANTITY OR QUALITY OF THE INTERMEDIATE OR CONNECTING SUBSTANCE OF ORGANS; WITHOUT INFLAMMATION, FEVER, OR OTHER DERANGEMENT OF THE GENERAL HEALTH.

THE classic term ECCRITICA is a derivative from ἐκκρίνω, “secerno,” “exhaurio,” “to secern or strain off,” “to drain or exhaust,” and is preferred by the author to any other derivative which κρίνω, its primitive, affords, as equally applicable to the two systems of vessels that enter into the general and important economy illustrated in the preceding Proem. The ordinal term MESOTICA is derived from μέσος, “medius;” for which PARENCHYMATICA might have been substituted, but that there are two objections to the use of the latter: the first is, that παρὰ is here employed in a different sense from its general signification in the system before us, which is that of “malè,” or “perperàm,” instead of *per* or *penitus*, its real meaning in parenchyma; and, consequently, the double signification would trench upon that simplicity and uniformity which it is the direct object of the present nomenclature to maintain. The second objection is, that the term parenchyma (παρέγχυμα) is formed upon a false hypothesis, invented by Erasistratus, who first employed the term, and held that the common mass, or interior substance of a viscus, is produced by concremented blood, strained off through the pores of the blood-vessels which enter into its general structure or membranes.

CLASS VI.
ORDER I.
Origin of
ordinal term.

The order embraces the five following genera:—

- | | |
|----------------|--------------------------|
| I. POLYSARCIA. | CORPULENCY. |
| II. EMPHYMA. | TUMOUR. |
| III. PAROSTIA. | MIS-OSSIFICATION. |
| IV. CYRTOSIS. | CONTORTION OF THE BONES. |
| V. OSTHEXIA. | OSTHEXY. |

GENUS I.

POLYSARCIA.

CORPULENCY.

FIRM AND UNWIELDY BULKINESS OF THE BODY OR ITS MEMBERS, FROM AN ENLARGEMENT OF NATURAL PARTS.

GEN. I.
Origin of the
generic term.

POLYSARCIA, from πολῦσαρκος, "carnosus," "carne abundans," imports bulkiness from any morbid increase of natural parts, whether fleshy or adipose; and the present genus is co-extensive with this latitude of interpretation. In medical history, however, we know of no morbid increase of this kind, otherwise than local, except from an accumulation of fat; and, on this account, Dr. Swediaur has somewhat unnecessarily substituted the name of *polyptotes* * for that of *polysarcia*.

The only organ I know of, that evinces any very remarkable increase of natural growth, besides those that secrete animal oil, is the female breast; for, though we meet with something of the kind occasionally in the scrotum, and especially of negroes, and sometimes in the labia of women in intertropical regions, these † are usually the result of adventitious or foreign matter, tending to suppuration, or some other division of continuity, than to a simple but unwieldy enlargement of the natural parenchyma of the organ, not leading to any such issue. We may, for the present, therefore, contemplate the genus before us under the two following species:—

- | | |
|----------------------|--------------------|
| 1. POLYSARCIA MAMMÆ. | PENDULOUS BREASTS. |
| 2. ————— ADIPOSA. | OBESITY. |

SPECIES I.

POLYSARCIA MAMMÆ.

PENDULOUS BREAST.

BREAST PENDULOUS AND UNWIELDY FROM INCREASE OF NATURAL GROWTH; WITH OR WITHOUT PAIN; HUE PURPLISH.

GEN. I.
SPEC. I.

This species is chiefly introduced upon the authority of Sir Astley Cooper, and the description of it I shall give in his own words.

* Nov. Nosol. Meth. Syst., vol. ii. p. 121.

† From the history given of these diseases in the Dictionary of Practical Surgery, the editor believes, that *P. scroti* and *P. labii pudendorum*, would very properly have constituted here two other species. They have, in fact, no great tendency to suppuration and ulceration; and even if they had, it might not be a good reason for their exclusion.

“These glands sometimes grow to an enormous magnitude, about the age of twenty years, so as to hang down upon the abdomen, not from relaxation, but from real increase. I saw a case of this kind in a young woman, aged twenty-three, which began three years prior to my seeing her: tender to the touch, of a dark red colour. She was often costive, but regular in her menstruation.” And to this he adds the following case, which was seen by Dr. Babington as well as by himself:—“Miss L——, aged seventeen, of a light complexion and delicate constitution, has a remarkable enlargement of her breast. The left is twenty inches from its junction with the chest above to its lower part, and its circumference measures twenty-three inches. The nipple is flattened, the areola excessively expanded. The breast feels as if every lobe of the gland was increased to several times its usual magnitude.” The same eminent writer adds, “that the treatment consists in supporting the breasts with a suspensory bandage, in which each of them is to be placed, and which is to be carried over the shoulders. He recommends an occasional use of the *hydrargyrum cum cretâ*, with rhubarb and subcarbonate of soda.*

GEN. I.
SPEC. I.
Polysarcia
mammæ.

SPECIES II.

POLYSARCIA ADIPOSA.

OBESITY.

BULKINESS FROM A SUPERABUNDANT ACCUMULATION OF FAT.

THIS species admits of two varieties. For it may be

- | | |
|--|--|
| <p>α Generalis.
General obesity.</p> <p>β Splanchnica.
Splanchnic obesity.</p> | <p>Extending over the body and limbs.</p> <p>Confined to the organs or integuments of the trunk.</p> |
|--|--|

GEN. I.
SPEC. II.

In man and other animals, fat is collected in the follicles of the adipose cellular membrane. When the perspiration becomes profuse in consequence of hard walking or other exercise, a certain portion of animal oil is dissolved in this fluid, which makes the chief, perhaps the only difference, between the matter of perspiration and that of sweat. Fat is hence accumulated by diminished perspiration; as it is also by the nature of the aliments fed on, and from idiosyncrasy. It is the basis of steatomatous tumours, and contains the sebacic acid, which acts readily on many metals, as lead, copper, and iron.

α *P. adiposa*
generalis.
Fat, where accumulated in man.
Dissolved by perspiration.

[Many highly important and interesting observations were made on the fat by the celebrated Bichat.† He has pointed out, that while fat is very abundant under the skin, around serous surfaces, and several organs performing extensive motion, there is none of it in the penis, prepuce, scrotum, nor under mucous surfaces, and

Parts in which it is found or not.

* Lectures on the Principles and Practice of Surgery, vol. ii. p. 218. 8vo. 1825.

† Anatomie Gén., tom. i. p. 96, &c.

GEN. I
SPEC. II.
α P. adiposa
generalis.

Little fat about
the muscles of
organic life.

round arteries, veins, &c. Between the arterial and venous coats, none prevails. Lymphatic glands do not contain it. The brain and spinal marrow are destitute of it. In the interspaces of the nervous fibres, some of it is always found: most frequently it is not very obvious there, but, on desiccation, an oily exudation constantly oozes from these fibres, manifestly consisting of fat. Amongst the muscular fibres, it is generally rather plentiful, especially in those of animal life; for, in those of organic life, very little of it is found. In the bones, where there is none of it, the medullary juice is a substitute for it; cartilages, fibrous bodies, and fibro-cartilages, are quite free from it. The glandular system sometimes contains it, as is seen in the parotids, and round the pelvis of the kidney; while, in other examples, as those of the liver, prostate gland, &c., not the least vestige of it can be traced. The serous and cutaneous systems are never fatty, though they are contiguous to a large quantity of fat. The same is the case with the mucous system: and the fat never has any connection with the epidermis and hair.

After this cursory view, it appears that the interior of the organic system generally contains very little fat; and between the different parts of the apparatus themselves there is only a small proportion of it. Thus, between the coats of the stomach, intestines, bladder, &c., between the periosteum and bone, between this and cartilage, between muscle and tendon, there is hardly any adipose matter.

Comparative
quantity of fat
in different
parts.

It follows, from this account, that it is chiefly in the interspaces which the different apparatuses leave between them, that the fat accumulates, and has its cellular reservoirs. Now, when it is examined under this point of view in different regions, it is found, 1. That in the examination of the head, the cranium and face present quite a contrary disposition, the fat being very abundant in the second part, but quite deficient in the first, especially in its interior. 2. That the neck contains a very large proportion of it. 3. That in the chest, very little of it is found about the lungs, but a great deal around the heart: that on the outside of this cavity, a considerable mass is found at its upper part around the breasts. 4. That in the abdomen it abounds, particularly at its posterior part, in the vicinity of the kidney, in the mesentery, and in the omentum. 5. That, in the pelvis, its proportion is great, near the bladder and rectum. 6. That, in the limbs, like the cellular tissue, it is most abundant, as these parts are examined upwards, and about their large articulations.

Fat chiefly under
the skin in
children.

In the child, the quantity of fat is observed to be proportionally a great deal more considerable under the skin, than anywhere else, especially than in the abdomen, the cellular viscera of which, the omentum in particular, contain at this age none of it. Merely a few flakes of fat are sometimes met with round the kidney, and frequently even they are hardly perceptible. All the rest of the abdominal cavity is destitute of it. The cavity of the thorax scarcely contains more, and always much less in proportion than afterwards. Bichat also remarked, that the intermuscular tissue is almost everywhere without it. One would say, that all the fat is then concentrated under the skin, at least, while the foetus is healthy.

Towards the adult age, the abdominal fat is proportionally much more considerable than the subcutaneous. An outward plumpness is as unusual about the age of forty, as it is common at that of four or five, the period when, all muscular shape being hidden by the superabundance of fat, the body is manifestly rounded.

In old age, nearly all the fat disappears; and the body wrinkles, grows indurated and lank. In the parts which nature has deprived of fat, the presence of this substance would not have been capable of adapting itself to their functions. If the size of the penis had been increased by it, this organ would no longer have been adapted to the vagina. The fatty eyelid could not have been opened without difficulty. If it had been introduced into the submucous tissue, it would have lessened the cavity of organs lined by mucous surfaces. If it had been diffused in that which surrounds arteries, veins, and excretory vessels, it would equally have obstructed the calibre of such vessels. Had it been collected in the cerebral cavity, it would have compressed the brain, on account of the resistance of the bony parietes of the skull, &c., which do not yield, like those of the abdomen when the gastric viscera are loaded with fat. In the thorax, the diaphragm may descend, and, besides, the lungs can, without danger, take up less space, when much fat accumulates in the mediastinum. This remark, which is also applicable to the serosity, explains an important phenomenon in diseases; viz., that a very small quantity of fluid extravasated on the arachnoid coat, is enough to disturb the functions of the brain, while a copious extravasation in the abdomen, or chest, is without actual danger.*]

The grand repository of fat is the cellular texture; but it is not lodged in the cells of this texture indiscriminately, but in those of a particular kind, and which do not, according to Dr. W. Hunter, communicate with each other, as those which contain air in emphysema or water in anasarca: in consequence of which, this celebrated physiologist has distinguished the former by the name of adipose, and the latter by that of reticulated, cells.

[That the adipose cells are completely closed, that they do not communicate, as Bichat supposed †, and that they differ from those of common cellular membrane in not being pervaded by fluids attempted to be thrown into them, are facts proved, as Professor Béclard ‡ has explained, by various considerations. If we take a portion of adipose membrane, and expose it to a degree of heat sufficient to melt the fat, without injuring the structure of the cells, the oily matter will remain in them, and not run out. If a lobule of fat be exposed to the rays of the sun, so as to convert the fat into the fluid state, not a particle of it will flow out; but, if an incision be made into some of the vesicles, the oily liquid will immediately run out. The same result is obtained, when a portion of fat is pressed between the fingers; the fat does not escape, till the vesicles are torn. In the most extensive emphysema, the most considerable anasarca, the effused air, or fluid, never penetrates the adipose vesicles; the fat continues by itself, quite unmixed. If

GEN. I.
SPEC. II.

α P. adiposa
generalis.
In adults
abdominal fat
increases.

Reasons for the
absence of fat
from certain
organs.

Adipose cells
of Hunter.
Reticulated
cells.

Adipose cells
do not commu-
nicate.

* See Bichat, *Anat. Gén.*, tom. i. p. 105.

† *Ibid.*, p. 108.

‡ Béclard, *Additions à l'Anat. Gén.* de Xav. Bichat, p. 15. 8vo. Paris, 1821.

GEN. I.
SPEC. II.
a P. adiposa
generalis.

this were not the case, would not the fat, when rendered fluid by the ordinary temperature of the body during life, constantly gravitate to the lowest situations, and be forced by pressure from one place to another, as happens with respect to the fluid in dropsical persons? In fact, the adipose vesicles do not form, like the common cellular substance, a continuous whole, but are only contiguous to each other. Another difference is, that the cellular substance exists every where, while the adipose membrane is constantly absent from certain parts of the body, even in the fattest individuals. This fact amounts to a proof, that the cellular tissue requires a peculiar organisation, without which the fat cannot collect in it. The uses of the cellular and adipose textures are also very different. Those of the latter only relate to the fat, which is incessantly secreted into the vesicles, and absorbed from them again; but the cellular substance forms a common bond of connection between all parts, at the same time that it keeps them distinct, facilitates their motions, and maintains the harmony of their functions.]

In some fishes
diffused over
the whole body.

In others collected in the
liver alone.

Blubber of
whales, what.

Different states
of the fat.

In many fishes, as the salmon and herring, fat is diffused over the whole body, as though the body were steeped in it. In other genera of fishes, as the ray, it is found in the liver alone. In some few, as the whale, it appears in the form of flakes, and is called blubber, which sometimes amounts to the enormous quantity of three tons in an individual.

[In the dead subject, the fat is almost always solid and congealed; but, in the living, it approaches more to the state of a liquid, at least in certain parts, as about the heart, large vessels, &c. Under the skin, its consistence is always greater. In many experiments, in which Bichat had occasion to open living animals of red warm blood, he never found the fat running, as in the melted state. No doubt, a degree of caloric, equal to our temperature, acting upon the fat out of our bodies, will render it much more fluid than it is in the living subject. While the temperature is also nearly uniform, the degrees of the consistence of the fat vary singularly. There is a striking difference between that of the omentum, which is one of the most fluid in the economy, and that around the kidneys and near the skin, which is much firmer. Many animals of red cold blood have the fat liquid.]

In subjects of
different ages.

In young animals the fat is whitish, and after death exhibits a good deal of consistence. This consistence gives a remarkable firmness and a sort of condensation to the external covering of the human foetus, while, in the adult, the skin of the dead body, being flaccid and loose, yields to the least impulse communicated to it, in consequence of the state of the subcutaneous fat. In the foetus, this fat collects in small more or less round globules, giving to the mass of it a granulated appearance. Frequently, there are even very considerable accumulations of it: for example, at this period, there is almost always between the buccinator, the masseter, and the integuments, a sort of ball of fat, making a body quite distinct from the surrounding fat, and which is extracted entire. It contributes very much to the remarkable prominence which the cheeks make at this period of life.

In proportion as we advance in years, the fat grows yellow, and assumes a particular smell and taste. By comparing that of veal with beef, the difference may be readily conceived; and, in the

theatres of anatomy, the difference is not less striking between a subject ten years old, and another of sixty.*]

We are not to conclude with Béclard, however, that fat is only intended for one purpose. It is a bad conductor of heat; and hence, one of its uses is that of keeping the body warm: on which account, those who are incumbered with fat perspire with but a small quantity of exercise, and are almost always too hot. We may hence also see why the warmth of the body is retained by oiling the surface, or wearing oiled skin over it. Fat is supposed, but with little reason, to be of use in lubricating the solids, facilitating their movements, and preventing excessive sensibility. By equally distending the skin, it certainly contributes, when not in excess, to the beauty of the person. In cases of extreme hunger, or of abstinence from food, fat is reabsorbed, and carried to the blood-vessels; and, from an experiment of Dr. Stark †, it appears to be more capable of supplying the waste of the body than any sort of ordinary food. And hence, there is much probability in the conjecture of Lyonet, that insects, destitute of food, derive their chief nourishment from the fat in which they abound.‡

With the exception, however, of the earth of the bones, it is the least animalised of all the substances that enter into the composition of the animal frame. Chemically examined, pure fat contains no azote, which is the peculiar characteristic of animalisation; it has also little oxygen, consisting chiefly, indeed, of hydrogen and carbon. "I do not consider," says Mr. John Hunter, "either the fat or the earth of bones, as a part of the animal; they are not animal matter: they have no action within themselves: they have not the principle of life."§ It is of late formation in the foetus, scarcely any trace of its existence being discoverable before the fifth month from conception.

The mode of its production is still a matter of controversy. By some it has been supposed to be secreted by peculiar glands, by others merely to transude from exhalent arteries of a peculiar kind. Sir Everard Home has lately started another hypothesis, which is at least highly ingenious, and plausibly supported. He has attempted to prove, that the fat of animals is produced in the larger intestines (especially the colon), out of the recrement of the food and the bile, and afterwards conveyed into the system generally by channels yet undiscovered, to contribute towards the common growth of the system, especially in early life.|| And some arguments in favour of this opinion may be drawn from the nature of that species of ENTEROLITHUS, to which in the present system is given the name of scybalum, and from the observations with which it has been illustrated.

* Bichat, *Anat. Gén.*, tom. i. p. 182.

† Hewson, ii. p. 151. The hump of the camel appears to form a sort of reserve, through which, the Arabs say, he is nourished during his long journeys. In a period of plenty, the rapid secretion of fat converts it into a pyramid, equalling a fourth of the animal's entire bulk; but a peregrination through the desert gradually lowers it, so that it becomes scarcely visible. The camel then sinks, and can travel no further till the store is replenished by rest and food. See Burckhardt's *Notes on the Bedouins and Wahabys*, 4to. Lond. 1830.—Ed.

‡ *Anat. de la Chenille qui ronge le Bois de Saule*, pp. 428. 482. et seq.

§ *On Blood*, p. 440.

|| *Phil. Trans.* for 1813, p. 158., and 1816, p. 301. The subject further pursued in *Phil. Trans.* 1821, p. 36.

GEN. I.

SPEC. II.

α P. adiposa generalis.

Fat a bad conductor of heat and warmth; hence fat persons often too hot. Warmth retained by oiling the body.

Other uses of fat: in hunger reabsorbed for food.

Chemical properties.

Formed late in the foetus.

Mode of production uncertain; supposed to be secreted by peculiar glands, or to transude from exhalent arteries.

Conjecture of Home.

GEN. I.

SPEC. II.

α P. adiposa
generalis.Average of
weight in
healthy sub-
jects.In general
obesity, bulk of
the body some-
times enor-
mous.

Examples.

In some per-
sons produced
from foods of
every kind :
and more
largely from a
bread than a
meat diet.Sometimes
deposited with
peculiar
rapidity.Ease of body
and mind in-
dispensable for
its formation,
with a slight
increase of
sensorial power.
Exemplified.

Sauvages was desirous of establishing a standard weight of healthy pinguescence ; but the attempt is idle, since it varies in almost every individual. The fat of the human frame usually averages about a twentieth part of the whole, but has sometimes amounted to half or even to four-fifths.*

In general obesity, or the variety of adipose polysarcia immediately before us, the bulk of the body has sometimes been enormous. It has amounted to five hundred, and nearly six hundred pounds, in many instances. Bright, of Maldon, weighed seven hundred and twenty-eight pounds ; Lambert, of Leicester, seven hundred and thirty-nine pounds a little before his death, which was in the fortieth year of his age. The German journals give us examples of men, who weighed eight hundred pounds. Yet the Philosophical Transactions furnish perhaps a still more extraordinary example of this disease in a girl, that weighed two hundred and fifty-six pounds, though only four years old.†

Where a powerful adipose diathesis prevails, fat is often produced, whatever be the food fed upon. Ale and porter drank to excess are, perhaps, the most ordinary means ; Ackermann gives proofs of the same effect from spirits‡; and in the Ephemera of Natural Curiosities, is the case of an individual, who generated fat faster and in larger quantities upon bread, than upon a meat diet.§ In every instance, however, indolence and an indulgence in sleep seem necessary.

In these cases, the animal oil is sometimes secreted and deposited in the cellular membrane almost as rapidly as water in anasarca : on which account, obesity has by writers been called, and correctly enough, a dropsy of fat. It is, in fact, under particular circumstances, the soonest formed and deposited, and the soonest absorbed, of all the animal secretions.

[Considerable accumulations of fat sometimes appear to take place, as the sudden effect of the influence of the atmosphere. Thus, in the short space of twenty-four hours, a mist will occasionally fatten thrushes, robin-rebreasts, ortolans, &c. in such a degree, that they can hardly get out of the way of the sportsman's gun. This occurrence, which is common in autumn, is not in any case so striking in man. ||]

For its formation, however, ease of body and mind is indispensable, and perhaps a slight increase of sensorial power beyond the common standard, or what has hitherto been the standard of the individual. Hence, those are apt to become fat, who suddenly relinquish a habit of hard exercise, either of body or mind, for a life of quiet enjoyment, provided the change be not sufficient to interfere with the general health. And for the same reason, as we have already observed, animals which are castrated, and females that do not breed, or who have just ceased to breed, grow fat and corpulent with equal ease ; the sensorial power intended for the use of the sexual organs, and to be expended at a particular outlet, being hereby thrown back upon the system generally, and trans-

* J. P. Frank, de Cur. Morb. Hom. Epit., tom. vi. 8vo. 1821.

† N. 185.

‡ Baldinger, N. Mag. b. vi. p. 489.

§ Dec. III. ann. VII. VIII. p. 138.

|| Bichat, Anatomie Gén., tom. i. p. 100.

ferred to the adipose secernents. And hence, also, the cause of that increase of bulk which most persons experience about the middle of life, when, the muscles having attained their utmost firmness, the stature its full height, and the sexual economy its perfection, there is a less demand for the ordinary supply of sensorial power than has hitherto been made, and the surplus is expended in broadening and rounding the general frame, by filling up the cells of the adipose membrane with animal oil, instead of elongating it.

GEN. I.
SPEC. II.
a P. adiposa
generalis.

For all this, however, there must be an ease of body and mind approaching to cheerfulness; on which account plumpness and cheerfulness, or good humour, are commonly associated in our ideas: for pain and anxiety, that wear away the corporeal substance, generally, make their first inroad on the animal oil, and empty the cells of the adipose membrane, before they produce any manifest effect on the muscular fibres, or, as these are collectively termed, the flesh; upon which subject we have already touched in discussing several of the species of the genus *MARASMUS*.*

Plumpness, and
cheerfulness,
why associated
in our ideas.

Hence the fat becomes absorbed or carried off, as it is secerned and deposited, more readily than any other animal substance. By sweating, horse-riding, and a spare diet, a Newmarket jockey has not unfrequently reduced himself a stone and a half in a week or ten days†: and a plump widow has, by weeping, become a skeleton in a month or two.

Fat easily
carried off, and
by what means.
Illustrated.

A moderate increase in the secretion of animal oil rather adds to the facility of motion, and improves the beauty of the person. But if it much exceed this, the play of these different organs upon each other is impeded, the calibre of the blood-vessels is constricted, the pulse oppressed, the breathing laborious, there is an accumulation of blood in the head or heart, a general tendency to palpitation or drowsiness, and a perpetual danger of apoplexy.

Evils resulting
from a large in-
crease of fat.

[According to Bichat‡, a considerable embonpoint, far from being a sign of health, almost always denotes weakness of the absorbents intended to take up the fat again, and that, in this respect, it has more analogy with serous infiltrations than is commonly supposed. This assertion is proved by various facts. 1. Every kind of extraordinary embonpoint is attended with a weakness of muscular force, and a state of languor and inertia, in the individual who is the subject of it. 2. In the man, in whom force and vigour predominate, that fatty plumpness, which hides the muscular prominences, is not seen: the latter are strongly marked. In this respect, the bulk of the body arising from distension by the cellular fat, must be carefully discriminated from that which is produced by the developement and fully expressed nutrition of organs. 3. Frequently, the causes, which obviously weaken the powers of life, produce a considerable accumulation of fat: such are sloth, rest, copious hemorrhages, the convalescence of certain acute diseases, where the forces yet languish while the fat abounds. 4. The fatty state of the muscles is for them a state of palpable debility. 5. Bichat was sometimes convinced, from examining certain emaciated limbs, that the little size which they retain, is partly owing to the fat which they contain, and which in propor-

Great accumu-
lation of fat the
effect of weak-
ness.

* Vol. ii. Class III. Ord. iv. Gen. III., opening remarks.

† Code of Health, by Sir John Sinclair, &c.

‡ Anatomie Gén., tom. i. p. 98.

GEN. I.

SPEC. II.

 α P. adiposa
generalis.Incompatible
with strong
generative
powers.

tion is nearly equal to what the healthy limbs contain, while all the other parts are shrunk, the muscles in particular. 6. Castration, which abstracts from the vital powers a part of their activity, from nutrition a part of its energy, is very frequently (as already remarked) followed by an excessive degree of obesity. 7. On the other hand, as a certain degree of developement in the vital powers is requisite for generation, individuals who are too fat, and in whom that degree is deficient, are generally badly qualified for this function. In women, this fact is remarkable; and it is not less so in man. In animals, the same thing is observed. In proportion as hens are fattened for our tables, they become less and less suited for laying. Most domestic animals are subject to the same law. One would say, that there is a constant and rigorous connection between the secretion of semen and the exhalation of fat, these two fluids being in the inverse ratio to each other.

From the facts above specified, Bichat infers, that if the moderate deposition of fat indicate strength, its redundance is almost always a sign of weakness, and that, in this respect, there is a kind of connection between fatty and serous infiltrations. It is to be remarked, however, that leucophlegmasiæ almost always proceed from an organic defect in some viscus or another, particularly the heart, the lungs, the liver, the uterus, and spleen: hence it follows, that they scarcely admit of dispersion, and that death, brought on, not by them, but by the organic disease itself, is commonly their termination. On the contrary, such an organic disease rarely accompanies a redundance of fat, which may be consistent with a long life.]

 β P. adiposa
splanchnica.Fat like dropsy,
may be confined
to particular
organs.

In SPLANCHNIC OBESITY, the encumbered viscera are more or less buried in beds of fat, and usually accompanied with scirrhus affections; making an approach to some species or other of PARABYSMA, as described in the first Class and second Order of the present system. We have observed, that general obesity may be regarded as a dropsy of animal oil, instead of a dropsy of water. And, as the latter disease is sometimes universal, and runs through the whole of the cellular substance, and at others local, and confined to particular cavities, the former also exhibits both these modifications; and, in the variety before us, is confined to individual organs.*

Omentum
mostly over-
loaded.

Pot-belly.

It most generally overloads the omentum, and gives that projecting rotundity to the abdomen which is vulgarly distinguished by the name of POT-BELLY, and is well described by Prince Henry, in his addresss to Falstaff, as “a huge hill of flesh†,” — “a globe of sinful continents.”‡

Mode of treat-
ment in general
obesity.

In attempting a cure of the general disease, the first step is to avoid all the common and more obvious causes as much as possible.

* Of all the abdominal viscera, the omentum is the most liable to become the seat of a prodigious accumulation of fat. When protruded from the abdomen, and forming the species of hernia termed epiplocele, the displaced portion of it frequently undergoes a similar change, so that the inconvenience of the tumour is seriously aggravated by the size which it attains, and the reduction of the omentum is quite impracticable. In some cases of this kind, however, the mass of fat in the omentum has been so diminished by the effect of frequent purgatives, an abstemious diet approaching to starvation, and long continuance in bed, that the omentum has admitted of being returned into the abdomen. — ED.

† Henry IV. part I. act II.

‡ Id., part II. act II.

Hence, as a life of indolence, and indulgence in eating and drinking, are highly contributory to obesity, the remedial treatment should consist in the use of severe, regular, and habitual exercise, a hard bed, little sleep, and dry and scanty food, derived from vegetables alone, except where, from a singularity of constitution, farinaceous food is found to be a chief source of obesity. And when these are insufficient, we may have recourse to frequent venesection and such medicines as freely evacuate the fluids, whether by the bowels or the skin. And, for the same reason, sialagogues, as chewed tobacco *, and mercury, have occasionally been used with success. †

GEN. I.
SPEC. II.
Polysarcia
adiposa.
Treatment.

Generally speaking, however, the diet and regimen just recommended, with a spare allowance of water, will be sufficient to bring down the highest degree of adipose corpulency. Of this we have a striking example in the history of Mr. Wood, the noted miller of Billericay, in Essex. Born of intemperate parents, he was accustomed to indulge himself in excessive eating, drinking, and indolence, till, in the forty-fourth year of his age, he became unwieldy from his bulk, was almost suffocated, laboured under very ill health from indigestion, and was subject to fits of gout and epilepsy. Fortunately a friend pointed out to him the Life of Cornaro: and he instantly determined to take Cornaro for his model, and, if necessary, to surpass his abridgments. With great prudence, however, he made his change from a highly superfluous to a very spare diet gradually: first diminishing his ale to a pint a day, and using a much smaller portion of animal food; till at length, finding the plan work wonders as well in his renewed vigour of mind as of body, he limited himself to a diet of simple pudding made of sea-biscuit, flour, and skimmed milk, of which he allowed himself a pound and a half about four or five o'clock in the morning for his breakfast, and the same quantity at noon for his dinner. Besides this, he took nothing either of solids or fluids, for he had at length brought himself to abstain even from water; and found himself easier without it. He went to bed about eight or nine o'clock, rarely slept for more than five or six hours, and hence rose usually at one or two in the morning, and employed himself in laborious exercise of some kind or other, till the time of his breakfast. And by this regimen he reduced himself to the condition of a middle-sized man of firm flesh, well-coloured complexion, and sound health. ‡ A like plan, or rather something approaching it, the present author once recommended to Mr. Lambert of Leicester, on being consulted concerning the state of his health. But, either he had not courage enough to enter upon it, or did not choose to relinquish the profit obtained by making a show of himself in this metropolis. He made his choice, but it was a fatal one, for he fell a sacrifice to it in less than three years afterwards.

Success of a
spare diet and
diminished
sleep exem-
plified in Wood,
of Billericay.

Lambert of
Leicester.

When the reduced mode of living thus recommended has been unnecessarily and injudiciously entered upon and followed up with pertinacity, as in cases where young females are desirous of becoming celebrated for an elegant slenderness of form, it has often

But the same
regimen per-
nicious where
employed in-
judiciously.

* Borelli, cent. II.

† Bartholin, Act. Hafn., I. obs. 74. Bonet, Sepulchr., lib. II. sect. II. obs. 36. Appendix.

‡ Med. Trans., vol. II. art. XVII.

GEN. I.
SPEC. II.
Polysarcia
adiposa.
Treatment.

been productive of a serious, and occasionally of a fatal result. Professor Frank gives a striking example of this in a young lady, who, for the above purpose, had for nearly a twelvemonth greatly diminished her daily food, used severe horse-exercise, and drank every day a large quantity of vinegar. She at this time was labouring under dyspepsy, hysteria, and a dry cough, with a pungent pain in her side, hectic sweats, and occasionally purulent expectoration: she was pronounced in the last stage of consumption, and her life was entirely despaired of. Frank, however, succeeded in averting this event, by the gradual renewal of a more nutritious diet, and the use of tonics. *

In local obesity.

The local disease is for the most part far less manageable: but it has sometimes yielded to a steady perseverance in the above plan, in connection with active purgatives, and the application of mercurial ointment to the vicinity of the organ affected; or a free use of calomel in the form of pills.

GENUS II.

EMPHYMA.

TUMOUR.

GLOMERATION IN THE SUBSTANCE OF ORGANS FROM THE PRODUCTION OF NEW AND ADSCITITIOUS MATTER: SENSATION DULL, GROWTH SLUGGISH.

GEN. II.
Generic term
explained.

PHYMA, in the present system, is limited to cutaneous tumours, or tubers, accompanied with inflammation, as already explained in Class III. Ord. II. † EMPHYMA imports, in contradistinction to phyma, a tumour originating below the integuments, and unaccompanied with inflammation, at least in its commencement; while ECPHYMA, in Order III. of the present Class, imports, in contradistinction to both, mere superficial extuberances, confined to the integuments alone. The term *glomeration*, or “heaping into a ball,” in the generic definition, is preferred to the more common terms *protuberance* or *extuberance*, because some tumours or emphymata lie so deeply seated below the integuments as to produce no prominence whatever, and are only discoverable by the touch.

The species of this Order, and much of their general character and arrangement, are taken, with a few variations, from Mr. Abernethy’s valuable Tract on Tumours.

Subject appertains rather to the department of surgery than that of medicine:

The subject, indeed, though of a mixed description, is commonly regarded as appertaining rather to the province of surgery than of medicine, from the tendency which most tumours seated on or near the surface have to open externally, or to call for some manual operation. In a general system of the healing art, however, it is

* De Cur. Hom. Morb. Epit., tom. vi. lib. vi. 8vo. Viennæ, 1820.

† Vol. ii. p. 48.

necessary to notice them, though it is not the author's intention to dwell upon them at length; but rather to refer the reader, from the few hints he is about to pursue, to Dr. Baron's and Mr. Abernethy's works*, as the best comments upon them which he can consult †: widely differing, indeed, in their views of the origin of such extraneous growths, but each drawn up with great candour, and appealing to a host of indisputable facts, as we have already had occasion to observe, when treating of hepatic parabysma ‡, and tubercular phthisis §; to which subjects the reader is referred for an account of the general origin and progress of morbid growths, and other physiological illustrations appertaining to them.

The species embraced by the genus EMPHYMA, are the following:—

GEN. II.
Emphyma:
a general
system of
practice.

- | | |
|---------------------|-----------------------|
| 1. EMPHYMA SARCOMA. | SARCOMATOUS TUMOUR. |
| 2. ————— ENCYSTIS. | ENCYSTED TUMOUR. WEN. |
| 3. ————— EXOSTOSIS. | BONY TUMOUR. |

SPECIES I.

EMPHYMA SARCOMA.

SARCOMATOUS TUMOUR.

TUMOUR IMMOVEABLE; FLESHY, AND FIRM TO THE TOUCH.

THE varieties of this species, modified in respect to structure and situation, are very numerous. The following, distinguished by the former quality, are chiefly worthy of notice:—

GEN. II.
SPEC. I.

α Carnosum.
Fleshy tumour.

Vascular throughout: texture simple: when bulky, mapped on the surface with arborescent veins. Found over the body and limbs generally.

β Adiposum.
Adipose tumour.

Suetous throughout: enclosed in a thin capsule of condensed cellular substance: connected by minute vessels. Found chiefly in the fore and back part of the trunk.||

* Observations on Tumours.

† In addition to these publications, the editor particularly recommends Dr. Carswell's Illustrations of the Elementary Forms of Disease to be carefully studied.

‡ Class I. Ord. II. Gen. IV. Spec. I.

§ Class III. Ord. IV. Gen. III. Spec. V.

|| Adipose tumours, as the expression informs us, are composed of fat, but it is finer, more delicate, and of a looser texture than ordinary fat. They usually lie immediately under the common integuments; though occasionally they are more deeply seated under the muscles. They are always imbedded in ordinary fat; so that under the skin of the penis, scrotum, and eyelids, where there is simple cellular membrane, and no fat, they are never met with. See Chemical Obs. on Fatty Tumours, by Sir Benjamin Brodie, as published in Med. Gaz. for 1834, p. 679. — ED.

GEN. II.
SPEC. I.
Emphyma
sarcoma.

γ Pancreaticum.
Pancreatic tumour.

δ Cellulosum.
Cystose tumour.
Derbyshire-neck.

ε Scirrhosum.
Scirrhus tumour.

ζ Mammarium.
Mammary tumour.

η Tuberculosum.
Tuberculous tumour.

θ Medullare.
Medullary tumour.

Tumour in irregular masses: connected by a loose fibrous substance, like the irregular masses of the pancreas. Found occasionally in the cellular substance, but more usually in convoluted glands: chiefly in the female breast.

Tumour cellulose or cystose: cells oval, currant-sized or grape-sized, containing a serous fluid; sometimes caseous. Found generally, but mostly in the thyroid gland, testis, and ovarium.

Hard, rigid, vascular infarction of glandular textures; indolent, insentient, glabrous; sometimes shrinking and becoming more indurated. Found in glandular structures, chiefly those of the secernent system.

Tumour of the colour, and assuming the texture, of the mammary gland; dense and whitish; sometimes softer and brownish: often producing, on extirpation, a malignant ulcer with indurated edges. Found in various parts of the body and limbs.

Formed of firm, round, and clustering tubercles; pea-sized or bean-sized; yellowish or brownish red; when large, disposed to ulcerate, and produce a painful, malignant, and often fatal sore. Found chiefly in the lymphatic glands of the neck: often simultaneously in other glands and organs.

Of a pulpy consistence and brain-like appearance; whitish; sometimes reddish brown; when large, apt to ulcerate, and produce a sloughing, bleeding, and highly dangerous sore. Found in different parts: often in the testes; at times propagating itself along the absorbent vessels to adjoining organs.

All these grow occasionally to an enormous size, particularly the sarcomatous, the adipose, and the medullary. They are all produced by some increased action or irritation in the part in which they occur, the cause of which it is rarely in our power to ascertain. In general, they commence slowly and imperceptibly, and are seldom accompanied with much pain, whatever be the extent of their growth. They are all more or less organised through the whole of their structure, by which they are particularly distinguished from those of the next species: and it is highly probable that most of the irritating causes which produce any one, produce all the rest, the modification depending on the difference of site, habit, idiosyncrasy, or local misaffection. In their formation, however, there seems to be a greater tendency to inflammation, and especially adhesive inflammation, in the fleshy tumour, or proper sarcoma, than in any of the rest; and, from the more perfect elaboration of its fabric, there is no other form that maintains itself so firmly, or is removed, except by incision, with so much difficulty. The origin of the adipose may, in some degree, be understood from the remark we have offered under the last genus, and particularly under its second variety.*

The scirrhus tumour, when irritated, has a general tendency to run into a cancerous ulcer: for which it is not always easy to account, excepting where there happens to be an hereditary taint in the blood: for neither the tumour, nor its ordinary result, as we observed when treating of carcinus, is by any means confined to a glandular or to any particular structure, though the secernent glands constitute its most common seat. In Mr. Abernethy's treatise, the place of the scirrhus tumour, however, is occupied by another, to which he gives the name of carcinoma, which, in the present system, is regarded as a modification of the scirrhus, degenerated, and ulcerated, mostly by a cancerous diathesis; and in such case appertaining to CARCINUS, already described in the fourth Order of the third Class; or, where no such diathesis is present, belonging to the same Class and Order, under the genus and species *ULCUS vitiosum*.

The scirrhus tumour is, in fact, the most important of the whole tribe, not only as leading, under peculiar circumstances, and in particular habits, to the most fatal result, but as being more common to every organ than any other variety whatever; and, in a few instances, common to almost every organ collectively, or at the same time. †

The other varieties are looser and more spongy, and contain far less of living power: in consequence of which they are more easily disposed to ulcerate, and, when in this condition, often spread, and become sordid and malignant from debility alone.

* Adipose tumours seem, in some instances, to arise from long-continued pressure, and, in others, from slight accident. See Brodie's Clinical Observations, op. cit. — ED.

† If the author here refer to scirrhi, strictly so called, or those characterised by a pulpy substance, intersected by radiating or reticulated white bands, he is certainly in error, for this disease cannot be correctly said to be more common to every organ than any other variety of tumour; in persons under a certain age, its occurrence in any organ is rare; and, in some organs, its formation has never been observed. On the whole, it is met with in fewer parts than medullary sarcoma, or fungus hæmatodes. — ED.

GEN. II.

SPEC. I.

Emphyma
sarcoma.General
remarks.

Some causes
often common
to all: the
difference in
effect produced
by habit, idio-
syncrasy, or
local influence.

Peculiar
character of
sarcoma.

Peculiar
character of
scirrhus.

Other varieties
looser and
more spongy,
and contain
less living
power.

GEN. II.

SPEC. I.

Emphyma
sarcoma.

Most of the varieties occasionally grow to an enormous size.

Exemplified in sarcoma.

Sarcocele, or hernia carnosae, what.

Female sarcocele, what.

Exemplified in adipose tumour :

and in scirrhus tumour.

Botium, Bronchocele, Goître, or Derbyshire-neck.

We have said, that the tumours of this species will sometimes grow to a vast and preposterous bulk. This is particularly the case with the first variety, or fleshy sarcoma, and more especially when it seats itself in the scrotum, forming the SARCOCELE, or HERNIA CARNOSA, of authors. Negroes are particularly subject to this affection, and in one instance the tumour weighed fifty pounds.* Swediaur indeed affirms, that they have occasionally weighed a hundred pounds.† The skin of the scrotum is thick, rugose, of a dirty yellow, often covered with exulcerations that emit a fetid ichor. It is said that, among negroes, the disease is more common to the right side of the scrotum, than to the left. Stoll, however, has asserted directly the contrary, so far as relates to Europeans, and his remarks are supported by the observations of Pfeffinger and Fredius. He has moreover generalised his assertion by contending that the left ovary of women, as well as the left testicle of men, is more subject to diseases of all kinds than the right.‡ Baron Larrey describes a sarcoma of the labia among tropical women, of the same nature as the scrotal sarcoma among men.§

The adipose tumour is also frequently of a very large magnitude. Mr. Abernethy gives an instance of one on the thigh that weighed fifteen pounds after extirpation||, and M. Leske of another, of the weight of nineteen pounds, dissected from the face.¶ In the Journal de Médecine is an account of a third, that weighed not less than forty-two pounds.* *

M. Leske gives a case, in which what he calls a scirrhus tumour was amputated from the breast, of the enormous weight of sixty-four pounds.† † [If the epithet scirrhus be here employed to denote the hardened state of parts which is characterised by the peculiar structure that has a tendency to cancerous ulceration, there can be no doubt of a mistake ; because it is not the nature of true scirrhus, or of a really cancerous tumour (here particularly excluding from present consideration fungus hæmatodes, or what is sometimes called soft cancer), to acquire a very large size.]

The most unsightly, however, of the whole, is the SARCOMA *cellulosum*, when it fixes on the thyroid gland ; in which situation it is often called Botium, Bronchocele, or *Goître* ; and, in our own vernacular language, DERBYSHIRE-NECK, from an idea, of considerable antiquity, that the inhabitants of that county are more subject to it than those of other districts : an idea that does not seem to be without foundation ; for, in a visit, which the author lately

* See Phil. Trans., vol. lxxiii. 1783.

† Nov. Nosol. Meth. Syst., ii. 529.

‡ Nov. Act. Physico-Med. Acad. Nat. Cur., tom. iv. Norim. The disease, here spoken of, is not really one of the testicle itself, but of the scrotum. Modern surgeons would not call it *sarcocele*, which term they restrict to disease of the testicle itself. — ED.

§ Relat. Hist. et Chirurg. de l'Expédition de l'Armée en Egypte, &c. 8vo. Paris, 1803.

|| On Tumours, p. 31. 8vo. 1814.

¶ Auserlesene Abhandlungen, &c. Leipzig, 1774. 8vo.

** Tom. xx. p. 551. The editor remembers an adipose tumour on a man's thigh that weighed nearly fifty pounds. It was removed by Mr. Cline at St. Thomas's Hospital ; but in consequence of one part of the swelling having an attachment to the capsular ligament of the hip joint, the latter was opened, abscesses ensued, and the patient did not recover. — ED.

†† Op. citat.

made to Matlock, he found a much larger number of the poor affected with this disease than he had ever seen before, while the rich escaped; and he found also, that by far the greater part of those who were labouring under it, were not only exposed to all the ordinary evils of poverty, but derived their chief diet from that indigestible and innutritive substance, the Derbyshire *oaten cake*, which is probably the chief cause of all the glandular and parabysmic enlargements, which are so common to that quarter. We shall see, when treating of cretinism, that a like innutritive diet is one of the most obvious causes of the same appearance as a concomitant in those countries in which cretinism is most frequent. The cells in this protuberance are very numerous, the fluid often viscid, and sometimes gelatinous; so that, when the tumour bursts, as it occasionally does, spontaneously, the contained fluid is apt to drain away very slowly, and has ulcerated, with a large sloughy surface, without having half evacuated its contents.

Most of these tumours may be frequently repressed, or resolved, if discovered and attended to in their origin. The fleshy, which always commences with some degree of inflammatory action, should be vigorously attacked with leeches, repeated as often as may be necessary, and afterwards with astringents or alterants, as the dilute solution of the acetate of lead for the former purpose, and the mercurial plaster for the latter. An issue or seton in the vicinity will also frequently assist, by producing a transfer of action. If this plan do not succeed, the tumour should be extirpated with the knife without loss of time, or allowing it to acquire any considerable bulk. Baron Larrey affirms, that he has often removed with the knife the largest scrotal sarcomas or adipose swellings, and this with very little pain, and that the wound readily healed.*

The scirrhus tumour is usually indicative of weak, instead of entonic, action in the organ in which it makes its appearance; in consequence of which the lymphatics absorb only the more attenuate part of the secreted fluids, and leave the grosser, which thicken and harden in the parenchyma. There is little irritation at first, but, as the distension and obduration increase, the part becomes stimulated, and, as we have already observed, in a scrofulous or cancerous diathesis is apt to call the latent seminum into action; when the hardened tumour degenerates into a foul ulcer. In an early stage the disease has yielded to local irritants, which have a tendency to excite an increased action, and of a new kind, and hence the advantage of mercurial applications, or plasters of the gum-resins: and particularly the plaster of ammoniac with quicksilver, which unites the two, and is an admirable preparation. Where, indeed, the irritation is already considerable, the more direct of these stimulants must be abstained from, and the inirritants and narcotics may be had recourse to with more advantage, as the preparations of lead, acids of almost every kind, and cataplasms of hemlock, henbane, belladonna, or potato leaves. But here also the best and most effectual relief is to be had in extirpation.

GEN. II.

SPEC. I.

Emphyma
sarcoma.Frequently
found in
Derbyshire:
its ordinary
cause ex-
plained.General mode
of treatment.May be resolv-
ed frequently
in their origin.Treatment
of scirrhus
tumour.

* Relat. Hist. et Chirurg. de l'Expédition de l'Armée en Egypte et en Syrie. 8vo. Paris, 1808. See the editor's Dictionary of Practical Surgery, 6th edit. art. SCROTUM.

GEN. II.

SPEC. I.

Emphyma
sarcoma.

Little tendency
to inflammation
in any of the
varieties : and
hence stimu-
lant applications
with pressure
are often ser-
viceable.

Treatment of
bronchocele, or
Derbyshire-
neck.

Its progress :
and general
character.

Mischief often
in opening it.

Operation for
aneurismal
bronchocele.

Many of these varieties of tumours, on their first appearance, may be repelled by stimulant applications in conjunction with a steady pressure, wherever this can be applied ; for, with the exception of the first, there is little tendency to inflammation in any of them, and, in the greater number, a decided weakness of the living power. They are often, indeed, connected with constitutional debility *, and hence appear simultaneously in different parts of the body. Extirpation in this case is useless : at least till the general frame is invigorated by a tonic regimen and course of medicines. And even then, from the peculiar seat or size of the tumour, it will not always be found advisable.

This is particularly true in that variety of the cystous sarcoma which is denominated BRONCHOCELE, GOITRE, OR DERBYSHIRE-NECK ; and which usually proceeds from an enlargement of the thyroid gland. It is mostly found in females, and, in its commencement, the patient and her friends always turn a deaf ear to the use of the knife, under a hope that it may yield to a course of external and internal medicine : nor is the tumour, indeed, at all times sufficiently defined from the first for any effective use of chirurgical means.† It originates without pain or any discolouration of the skin, and presents a general prominence on the fore part of the neck, that rises so gradually as to be at first almost without an outline. As the prominence increases, it becomes harder and somewhat irregular, commonly with a partial feeling of fluctuation, though, in some instances, the tumour appears to be firm throughout. The skin grows yellowish, and the oppressed veins of the neck become varicose ; the respiration is sometimes rendered difficult, and from the same cause the patient is troubled with headaches. The expediency of removing the tumour is, at this time, highly questionable, and every day increases the difficulty, from the growing diameter of its arteries and their proximity to the carotids. If, from inattention, or mistaking it for an abscess, it be opened, a hemorrhage often follows, which it is difficult to repress, or which is apt to return from time to time, and has occasionally proved fatal. A soft reddish fungus protrudes through the opening, which yields to the fingers, bleeds when it is touched, and cannot be completely destroyed either by cautery or the knife.‡ In that form of the tumour, however, which is called the aneurismal, accompanied with a considerable pulsation and enlargement of the superior thyroïdal artery, a cure has easily been obtained by an operation ; which consists in tying this artery, and thus cutting off the means of supply. Walther, some years ago, pursued this plan with success abroad§ ; and Mr. Coates relates a similar case, that

* The doctrine that all new-formed parts, or growths, not constituting an original portion of the body, are endued with an inferior degree of vitality to that of parts naturally appertaining to the animal machine, is perfectly correct ; but, the statement that tumours are connected with constitutional debility, is merely an hypothesis. — ED.

† F. E. Fodéré, *Traité du Goître et du Crétinisme*. Paris, 8vo. 1800. No judicious practitioner would ever think of using the knife in the early stage of a bronchocele, especially now that the disease is often treated with considerable success by milder plans. — ED.

‡ *Traité des Maladies Chirurgicales et des Opérations qui leur conviennent*. Par M. le Baron Boyer, &c. tom. vii. Paris, 1821.

§ *Neue Heilart des Kroffes, &c.* Sulzback. 1817.

has since been attended with a like result in our own country.* Yet even in the more complicated and cellular goître, where the tumour has increased to an enormous extent, and become mapped with innumerable blood-vessels of large diameter, it has in a few instances been attacked and successfully extirpated. One of the boldest operators in this way appears to be M. Hedenus of Dresden, who has lately published a history of not fewer than six cases of this kind, which terminated favourably under his care. In one of these the bronchocele had increased to the size of a skittle-ball, covered the whole of the fore-part of the neck, was fourteen inches in circumference at the base, and seven inches in its transverse diameter: it felt firm, tense, and heavy, gave to the hand a sense of pulsation through its whole extent, and considerably affected the breathing, from its pressure on the trachea. The difficulties, however, to be surmounted in the performance of this operation, were chiefly appalling from the vascularity and complexity of the parasitic growth, and the impossibility of taking up many of the bleeding vessels. The operation lasted an hour and a half, and though the patient ultimately recovered, he was several times considered in a state of extreme danger after the part had been removed. †

The internal substance and structure of this tumour differ exceedingly in different cases. It has sometimes been found steatomatous throughout, but more generally, as we have already observed, consists of a fluid varying in viscosity, and in the number of cells, or capsules, in which it is locked up. It commonly first shows itself in girls who have reached the age of puberty, though it frequently commences at a later period; and is an ordinary symptom of cretinism, as we shall notice when treating of that disease in the course of the present Order. In a few cases, the contained substance is solid, and gives no discharge; and, in some other instances, the morbid growth has evinced a complication of almost every diversity of structure, and especially in those who are constitutionally predisposed to a production of tubers and tubercles. De Haen has given us a striking example of this in a patient who after having suffered much from visceral tumours, at length died in a state of dropsy. "In cadavere," says he, "horrendam mole thyroidæam glandulam nactus, publicè dissecui. Mecum auditores mirabantur nullum ferè genus tumorum dari, quin in hac solâ thyroidæâ inveniretur. Hic enim steatoma, ibi atheroma, alio in loco purulentus tumor, in alio hydatricus, in alio erat coagulatus sanguis, fluidus ferè in alio, imo hinc glutine locutus plenus erat, alibi calceum sebo mista, &c. Hæc autem omnia in una eademque thyroidæâ glandulâ." ‡

Here also we have deficient living power in the organ affected, and very generally in the entire constitution: for it usually appears in girls of relaxed and flaccid fibres, in many cases partly debilitated by growth, and especially where this effect is produced by

GEN. II.

SPEC. I.

Emphysema
sarcoma.

Treatment.

Tumour has
been occasion-
ally removed
when of enor-
mous extent.

Illustrated.

Varies in its
internal struc-
ture.Appears chiefly
in girls about
the age of
puberty.Sometimes
solid and
insoluble.Exemplified
from De Haen.

* Trans. of the Medical and Chirurg. Society of London, vol. x.

† Gräfe und Walther's Journal du Chirurgie und Augenheilkunde. Berlin, 1822. For an account of which, see Quarterly Journal of Foreign Medicine, No. xix. p. 317.

‡ Rat. Medendi, pars vii. p. 285.

GEN. II.

SPEC. I.

Emphyma
sarcoma.

Treatment.

Stimulants and
tonics :especially
alkaline
stimulants.These em-
ployed both ex-
ternally and
internally.Preparations
of iodine.Coindet's suc-
cessful employ-
ment of them.

Brera's method.

Effects.

innutritive food, and partly by a larger flow of catamenia than the general tone of the system can sustain without yielding.

Stimulants and tonics have hence been found generally useful, as have also repeated and long-continued friction with the hand over the area of the tumour, alone or in conjunction with ammoniacal or terebinthinate irritants, chiefly solutions of camphor in spirits. For a reason that does not seem hitherto to have been sufficiently explained, in this kind of tumour, as in those of scrofula, the most successful stimulants are the alkalies: and of these the ammoniacal were formerly believed to be far more so than any of the rest; and hence the patient was limited altogether to a course of burnt sponge or burnt hartshorn, and at one time to burnt toads. There does not seem, however, to be any particular reason for this predilection, and hence, in a later day, the subcarbonate, or the carbonate of soda, was pretty generally allowed to supply the place of all the other preparations of this kind, as the most convenient form in which the alkali could be given. It was also recommended to be applied externally, in the guise of sea-water, or the bibulous sea-plants, as already described in the treatment of scrofula*: both diseases having many points of resemblance, and especially as being chiefly seated in the glandular parts of the animal frame, and accompanied with great indolence in the lymphatic system.

In the present day, however, every other kind of preparation, as well for the one as the other complaint, has fallen prostrate before the newly-discovered medicine, iodine, so denominated by M. Courtois from its violet hue. For the purpose before us, it has been used both internally and externally. M. Coindet employed it in the form of an ointment, which he made by mixing pure iodine or the hydriodate of potash with lard, under an idea that the ill effect it produces, when given injudiciously, may be hereby avoided; and Coster affirms that, by the use of Coindet's ointment, of nearly a hundred individuals affected, more than two-thirds were completely cured under his hands.† M. Brera‡ thinks it quite as void of mischief, and, in most cases, more efficacious employed internally: and uses it in the form of pills, or tincture made with pure iodine; or a solution of the hydriodate of potash in distilled water. The dose, in either case, is from a quarter to half a grain three times a day, for an adult.§

When it agrees with the system, the appetite is increased, and

* Vol. ii. Cl. iii. Ord. iv. Spec. i. *Struma vulgaris*.

† Archives Générales de Médecine, &c. in re.

‡ Saggio Clinico sull' Iodio e sulle differenti sue combinazioni e preparazioni, &c. Padua, 1822.

§ The tincture is merely a solution of iodine in rectified spirit, in the proportion of two scruples of the former to one ounce of the latter. M. Lugol employs an aqueous solution of iodine, which contains from half a grain to a grain of iodine in a pint of water, in conjunction with twelve grains of muriate of soda. The dose of this preparation is a fluid ounce and a half. (See Dr. A. T. Thomson's Elem. of Materia Med., vol. i. p. 341.) Lugol uses, however, a great variety of preparations, consisting chiefly of solutions of iodine in distilled water, with a certain proportion of hydriodate of potash. The strength of the solutions differs considerably, and some of them are intended for external use, as lotions, baths, collyria, &c. A particular account of these preparations, and of the cases to which they are adapted, will be found in a work entitled Mém. sur l'Emploi de l'Iode dans les Maladies Scrofuleuses, par J. G. A. Lugol. 8vo. Paris, 1829.

— ED.

the pulse acquires more elasticity and beats stronger ; but it has a tendency at the same time to stimulate the salivary glands in the manner of mercury. When it does not agree, it produces a sense of heat and irritation in the fauces, pain in the orbits and balls of the eye, and obscure vision ; with tremors or convulsions of the extremities. Dr. Brera, as already observed, has employed it, on account of its absorbent powers, in various cases of parabysma, or visceral turgescence, and especially in tubercular formations ; and, as is well known, with considerable success : a success, which the present author has extensively confirmed by his own practice in all the forms of this remedy. Yet, from the great and general excitement it produces, more judgment is called for in prescribing iodine, whether externally or internally, than is often manifested : and in no case whatever is a bold or daring practice more to be reprobated than in the present. The danger, indeed, is the greater, because the irritation or inflammatory effects are often not visible for a fortnight or three weeks ; though, when they have once commenced, they are in many persons very intractable, notwithstanding an utter disuse of the medicine. “ I saw two cases, with Dr. Peschier of Geneva,” says Dr. Gairdner, “ in which the patients had suffered more than twelve months, and yet their sufferings had undergone little mitigation.” * There are some idiosyncrasies, however, that are little affected by its use.

Bronchocele has sometimes been cured spontaneously, an instance of which occurred not long ago to the present author, in a young lady, who had for six or seven years been successively under the care of all the most skilful physicians and surgeons of this metropolis, and who had nevertheless the mortification of finding the protuberance grow much larger and more unsightly, in spite of frictions, and blisters, and setons, and mercury in every form, and the alkalies, and hemlock, and hyoscyamus, employed jointly or alternately, and in almost every proportion, through the whole of this period. The distended skin at length gave way in various places, and a thin fluid issued from the foramina. This natural discharge was encouraged, and the sac by degrees exhausting itself, the tumour as gradually diminished, and at length completely disappeared.†

* Essay on the Effects of Iodine on the Human Constitution, &c. 8vo. London, 1824.

† Many cases of bronchocele, cured by accidental abscesses and ulceration, are on record. Hence arose the suggestion of employing an issue, or seton, as practised with much success by Quadri of Naples. If it were not for the very great efficacy of iodine, the seton would be a valuable mode of treatment. It should be noticed, however, that fatal hemorrhages have sometimes followed it ; another reason for preferring the use of iodine. Not long ago the editor was consulted by Mr. Blair, of Great Russell-street, for a bronchocele in a young lady about ten years of age. The internal and external use of iodine was tried, and, in less than two months, the swelling had entirely disappeared. At the Bloomsbury Dispensary he has had several other cases, which have been cured by means of the same remedy. It is not, however, every tumour of the thyroid gland that will yield to this treatment ; and he has met with several instances, in which every attempt to disperse the swelling with iodine has failed.

— ED.

GEN. I.
SPEC. II.
Emphysema
sarcoma.
Treatment.
When it agrees.
When it disagrees.

Great judgment necessary.
Its use.

Sometimes cured spontaneously.
Exemplified.

SPECIES II.

EMPHYMA ENCYSTIS.

ENCYSTED TUMOUR. WEN.

TUMOUR MOVEABLE; PULPY; OFTEN ELASTIC TO THE TOUCH.

GEN. II.
SPEC. II.
Pathological
remarks.

A VERY small change in the power, or mode of action, of a secretory vessel, will often produce a very considerable change in the nature of the fluid which it secretes. Of this we have a clear proof in the thin and acrid lymph poured forth from the mucous membrane of the nostrils in a catarrh, compared with the bland and viscid discharge which lubricates this cavity in a state of health; limpid and mucilaginous at first, but gradually hardening into a horny substance. So the lungs, which when sound secrete a mild, when in a morbid condition throw out a tenacious phlegm, a watery or whey-like sanies, or a muculent pus. And we may hence easily account for the great diversity of materials found in the species of tumour before us, which is peculiarly distinguished by being surrounded with a proper cyst, and hence rendered moveable to the touch.

To follow up the subdivision through the whole of the varieties it offers would be almost endless. The following are chiefly worthy of notice :—

- | | |
|---|---|
| <p>α Steatoma.
Steatome.
Adipose wen.</p> | Encysted extuberance containing a fatty or suety substance, apparently secreted from the internal surface of the cyst. Found over most parts of the body, and varying in size, from that of a kidney bean to that of a pumpkin. |
| <p>β Atheroma.
Atherome.
Mealy wen.</p> | Encysted extuberance containing a mealy or curd-like substance, sometimes intermixed with harder corpuscles: apparently secreted as the last. Found of different sizes over most parts of the body. |
| <p>γ Melliceris.
Honeyed wen.</p> | Encysted extuberance containing a honey-like fluid. Found of different sizes over most parts of the body. |
| <p>δ Ganglion.
Ganglion.</p> | Encysted extuberance containing a colourless fluid; the extuberation fixed upon a tendon. |
| <p>ε Testudo.
Horny wen.</p> | Encysted extuberance containing a fluid readily hardening into horn or nail: and especially when protruded externally upon an ulceration of the surrounding integuments. |
| <p>ζ Complicata.
Complicated cyst.</p> | Circumscribed, but incorporated with the surrounding structure; partly |

solid, partly fluctuating; skin undiscoloured; tumour mostly large, but rarely painful even on pressure, or accompanied with constitutional disturbance. Chiefly seated in the breast.

GEN. II.
SPEC. II.
Emphyma
encystis.

Most of these are supposed by Sir Astley Cooper to be nothing more at first than obstructed and enlarged cutaneous follicles: the sebaceous matter accumulating in the hollow of the follicle, which is lined with cuticle, and expanding it often to a considerable extent by pressure, in consequence of the mouth of the follicle becoming plugged up or entirely closed. When it is plugged up, the obstructed mouth is generally visible by a black dot, which is carbonized sebaceous matter. This being picked off or otherwise removed, a probe may often be easily forced down into the cavity, and the whole of the confined material be squeezed out by pressing the sides of the tumour, even when of some inches in diameter, and this with little pain and no inflammation.* Such Sir Astley regards as the general history of common encysted tumours seated on the surface. But they will necessarily vary in their structure and contents from a multiplicity of adventitious circumstances, and perhaps also from idiosyncrasy.

General origin
of encysted
tumours.

The steatome grows to a larger size than any of the rest. Rhodius gives a case, in which it weighed sixty pounds†: and one, weighing twenty-six pounds, was dissected from the scapula.‡ In its substance, it often makes a near approach to adipocire.

But varieties
of structure
and contents
from adventi-
tious or other
circumstances.

The ganglion is introduced into the present list from the parity of its nature; and, in so doing, the author has only followed the example of Mr. Sharp. "The ganglion of the tendon," says he, "is an encysted tumour of the melliceris kind; but its fluid is generally like the white of an egg. When it is small, it sometimes disperses of itself. Pressure and sudden blows do also remove it; but, for the most part, it continues unless it be extirpated."§ It is mostly produced by hard labour, or straining a tendon; and hence is peculiarly common to the wrists of washing-women. In many instances, however, its exciting cause is unknown; and, in some cases, it appears to depend upon some peculiarity of constitution. It is singular, that it should sometimes disappear during pregnancy, and afterwards return. Plater records a case of this

Steatome.

Often ap-
proaches
adipocire.

Ganglion.

* Surgical Essays, by A. Cooper and B. Travers, part II. 1819. A specimen of encysted tumour, with a bristle in the aperture of the follicle, was lately given by Sir Astley Cooper to the editor, who has placed it in the Museum of the London University. — ED.

† Observ. Med., cent. III. Patav. 1657, 8vo.

‡ Fabr. Hildan., cent. III. obs. 63.

§ Surgery, chap. xxv. p. 128. Ganglions are swellings containing a viscid, transparent, gelatinous fluid, formed over the fibrous sheaths of tendons, which appear in some instances to compose the cyst in which the glairy fluid or gelatinous substance is contained. Such ganglions as are of an oblong shape are produced in this way; but, according to Dupuytren, the globular ones are on the outside of the fibrous sheaths, with the interior of which, however, they have a communication. When they cannot be dispersed by stimulating applications, pressure, blisters, &c. the surgeon may try to burst them, and if he cannot succeed in this, he may let out their contents by making a small opening in them with a couching needle, or the point of a lancet, after which they will admit of being more effectually compressed with a piece of lead, enveloped in linen, and fixed on the part with a bandage. — ED.

GEN. II.

SPEC. II.

Emphyma
encystis.Testudo or
horny wen.Complicated
wen.

kind in the ham, and Bartholine, in the Copenhagen Transactions, another on the wrist.

The horny cyst is described by Vogel, under the name of *testudo*, here adopted. Mr. Abernethy has glanced at it in his treatise, and Sir Everard Home has more fully described and illustrated it in his cases of horny excrescences on the human body, inserted in the Philosophical Transactions : a subject, however, to which we shall have occasion to return when treating of *LEPIDOSIS ICTHYIASIS*, in the third Order of the present Class.

The COMPLICATED VARIETY is introduced upon the authority of Sir Astley Cooper, and chiefly from his description.* It occurs commonly in the female breast, and apparently, in most instances, is produced by a blow, or some other external violence. When first observed, it is not larger, perhaps, than a marble, but it soon becomes larger, till by degrees it reaches the size of a melon, and then suddenly acquires a much ampler magnitude. Still, however, the general health of the constitution is but little interfered with; even pressure produces but little pain, though it proves to the finger the existence of numerous cysts, some of them containing others, some a solid material; but the principal inconvenience is the weight of the breast, by which it is dragged down from the subjacent muscles, and obliged to be supported by a suspensory bandage. In one case, Sir Astley Cooper found that the cyst, or rather the glomeration of cysts, weighed nine pounds; in another, thirteen. No difficulty was found in the process of healing, as the complaint was altogether local. The dissected mass appeared for the most part like boiled udder, the interior of which, in some instances, consisted of hydatids; in some, of numerous lamellæ, like the crystalline lens of the eye; and in others of serum.

In a few instances, however, apparently from a morbid habit of body, the cyst becomes malignant, and makes an approach towards a scirrhus character. The substance which is effused by the inflammation is more compact, and varies in colour; in some parts consisting of an adhesive matter, in others being softer, and mixed with the red particles of the blood. A fungous growth sprouts forth soon after, which when cut through has the appearance of soft organised matter; in some parts extremely vascular, in others intermixed with what appears to be coagulated blood, at times with a material resembling putrid brain, or cream tinged by the colouring particles of the blood.

Several of these sometimes connected with the habit or constitution : and yield to a general treatment, or change of regimen. Have been carried off by emetics.

I have stated, that the ganglion is sometimes connected with the habit or constitution, and the remark may be applied to several of the other varieties. They have hence been found scattered over the whole body†; and, in one instance, appear to have been connate and hereditary.‡ In these cases, they will sometimes yield to a general treatment or a change of regimen. Richter gives examples of the cure of a steatome, one of the most difficult to be operated upon by internal means, by emetics§; and Kalschmid, by a diet of great abstinence||; by which plan, we have already observed, that adipose corpulency is commonly capable of

* Lectures, vol. ii. pp. 103. 205.

† O'Donnel, Lond. Med. Journ., vi. p. 33.

‡ Vogel, Briefen an Haller. i. Hundest.

§ Chir. Bibl., band v.

|| Pr. de Steatome fame curato. Comp. Girard, Lupiologie : ou, Traité des Tumeurs connues sur le Nom des Loupes. Paris, 1775. Sir B. Brodie men-

being removed, and hence not unreasonably advised where there is a tendency to the formation of adipose tumours.

Electricity, and particularly that of the voltaic trough, seems to have been serviceable in dispelling many tumours belonging to this and the last species; and having omitted it in its proper place, we may here observe, that Dr. Eason of Dublin has given an instance, in which a hard tumour was removed from the breast of a woman who was struck to the floor, and for some time deprived of the use of her limbs, by a stroke of lightning. It was observed to be much softer almost immediately after the accident, and, in a short time, totally disappeared, though it had for a long time resisted the power of every application that could be thought of. *

[With the exception of ganglions, however, which may be cured by rupturing or puncturing the cyst, and sometimes by blisters, stimulating liniments, pressure, &c., few encysted tumours admit of being dispersed, but almost always require the employment of the knife. In the operation, the main object is to remove every particle of the cyst by which the contents of the swelling are secreted; for, if this be not done, a perfect cure will not be likely to follow. Thus, the editor about four years ago was requested to remove a horn from the surface of the glutæus maximus of an elderly medical practitioner, who had undergone an operation for the same disease many years previously; but, as a part of the cyst secreting the horny matter had been left, the excrescence returned. The cure is now complete.]

For the rest, the writers on practical surgery must be consulted.

GEN. II.

SPEC. II.

Emphyma
encystis.Electricity has
been useful.

SPECIES III.

EMPHYMA EXOSTOSIS.

BONY TUMOUR.

TUMOUR INELASTIC, OFTEN IMMOVEABLE; HARD AND BONY TO THE TOUCH.

TUMOURS of this character consist of calculous or bony matter; and are sometimes seated immoveably on a bone, sometimes immoveably on the periosteum, sometimes pendulously in a joint, sometimes either moveably or immoveably in some fleshy part of the body, thus constituting the four following varieties:—

GEN. II.

SPEC. III.

α Ostea.

Osteous tumour.

Immoveable; protuberant; seated
on the substance of a bone.

β Periosteum.

Node.

Immoveable; protuberant; from a
bony enlargement of the peri-
osteum.

tions, in his Clinical Lectures, the power of the liquor potassæ to disperse certain adipose tumours, occurring together in several parts of the body, when taken internally in largish doses for some time. — ED.

* Edin. Med. Comment., iv. p. 84.

GEN. II.
SPEC. III.
Emphyma
exostosis.

γ Pendula.
Pendulous exostosis.
δ Exotica.
Exotic exostosis.

Bony tumour hanging pendulous
into a joint.
Bony tumour moveable, or im-
moveable, seated in some fleshy
part of the body.

Pathological
remarks.

Lime is one of the substances most easily secreted in the body of all animals. How far it may be *formed* in the body, we shall have occasion to notice under the genus OSTHEXIA, forming the fifth of the present Order. We behold it at an early period of fetal life, and, in old age, when every other secretion has diminished or failed altogether, we are perpetually meeting with examples of a morbid augmentation of this in the coats of the blood-vessels, the bladder, the brain, and various other organs, afflicting the closing years of life with a variety of troublesome, and not unfrequently highly painful disorders.

α E. Exostosis
ostea.

The FIRST VARIETY is found in most of the bones of the body, but chiefly perhaps in the bones of the cranium: where they are sometimes excrescent, and composed of bony spicula resembling crystallisations: sometimes exquisitely hard and glabrous, analogous to ivory*; no doubt from their being composed of phosphate in a greater measure than carbonate of lime.

According to their structure, Sir Astley Cooper has subdivided these tumours into cartilaginous and fungous; and, according to their seat, into periosteal, when they commence between the external surface of the bone and the internal surface of the periosteum; and medullary, when they commence in the medullary membrane and cancellated fabric of the bone.†

β E. Exostosis
periosteal.

This periosteal subdivision includes the SECOND VARIETY of the present species; which is chiefly found as a symptom in lues, and is commonly described under the name of *node*. In some instances, it has occurred as a sequel of acute rheumatism. And, in both cases, its treatment must depend upon the nature of the disease to which it appertains, and must form a part of the general plan, as we have already observed when discussing these maladies.

γ E. Exostosis
pendula.

The THIRD and FOURTH VARIETIES are chiefly derived from Mr. Abernethy's classification. The difference of their form and mode of union with the adjoining parts, depends chiefly upon the difference of their seat. "A woman," says Mr. Abernethy, "was admitted in St. Bartholomew's Hospital with a hard tumour on the ham. It was about four inches in length and three in breadth. She had also a tumour in the front of the thigh, a little above the patella, of lesser size and hardness. The tumour on the ham, by its pressure on the nerves and vessels, had greatly benumbed the sensibility and obstructed the circulation of the leg, so that it was very œdematous. As it appeared impossible to remove this tumour, and as its origin and connections were unknown, amputation was resolved on. On examining the amputated limb, the tumour in the ham could only be divided with a saw: several slices were taken out of it by this means, and appeared to consist of coagulable and vascular substance, in the interstices of which a great deal of bony matter was deposited. The remainder of the tumour

Illustrated.

* Baillie, Morb. Anat., fascic. x. pl. i. figs. 1, 2.

† Surg. Essays, Treatise on Exostosis.

was macerated and dried, and it appeared to be formed of an irregular and compact deposition of the earth of bone. The tumour on the front of the thigh was of the same nature with that in the ham : but containing so little lime that it could be cut with a knife. The thigh-bone was not at all diseased."*

Of the general nature of the exotic variety we shall have to treat under OSTHEXIA INFARCIENS, of which perhaps it is only a modification.

These in all instances are cases for surgical rather than medical treatment, and are seldom to be cured except by extirpation ; and when this cannot be done, and the tumour is seated on a limb, by amputation.

[Dr. Cumin, of Glasgow, defines an exostosis to be a circumscribed tumour formed on a bone, and consisting wholly or in part of newly-formed osseous matter. This definition would of course exclude all cases which commence in the medullary and cancellous structures. It seems to him, that the first step in the process by which an exostosis is produced, is the deposition of cartilage, or of a substance resembling it, which is afterwards followed by the secretion of bone.

Dr. Cumin divides exostosis into three species :

1. *Exostosis Cellularis*. The tumour consists of an external crust, within which are numerous bony partitions, together with a quantity of softer substance, generally of the nature of mucus, jelly, or cartilage, or atheromatous or fatty matter. One remarkable variety of this species is that which contains hydatids. † Another, also pointed out by Dr. Cumin, is exhibited by those swellings on the phalanges of the fingers and metacarpal bones, which render the hand deformed and even monstrous. He adverts to the case of an enormous cellular exostosis, described by Kulmus ‡, that weighed nearly five pounds, arose from the clavicle, and consisted partly of bone and partly of cartilage, with cells containing a pultaceous orange-coloured substance, resembling marrow. The latter form of disease is often mentioned by writers under the name of osteosarcoma, a term rather vaguely applied.

2. *Exostosis Laminata, vel Petrosa*. The laminated or craggy osseous tumour is represented by Dr. Cumin as consisting of a mixture of bony excrescences and cartilage. It has no osseous shell, and, after maceration, presents the appearance of foliated crystallisations, or craggy adherent masses. In some instances of this form of disease, according to the same authority, the new deposition consists, not of osseous substance, but a mere unorganised mass of the earthy salts of bone.

3. *Exostosis Eburnea*. This species, noticed by the greater number of practical writers, is characterised by its excessive hardness and its remarkable whiteness, like that of ivory. §]

GEN. II.
SPEC. III.
γ E. Exostosis
pendula.

δ E. Exostosis
exotica.

All these cases
for surgical
rather than
medical treat-
ment ; and
rarely to be
cured but by
extirpation.

* Surgical Observations, Classification of Tumours, p. 102.

† See R. Keate's Case in Med. Chir. Trans., vol. v.

‡ Haller, Disput. Chir., tom. v. p. 655.

§ See Dr. Cumin's instructive papers in Edin. Med. and Surg. Journ., Nos. lxxxii. and lxxxiii.

GENUS III.

PAROSTIA.

MIS-OSSIFICATION.

BONES UNTEMPERED IN THEIR SUBSTANCE, AND INCAPABLE OF AFFORDING THEIR PROPER SUPPORT.

GEN. III.
Origin of the
generic term.

PAROSTIA is a compound from *παρὰ*, “perperàm,” and *ὀστέον*, “os, ossis.” The genus is new, but sufficiently called for. It includes two species, connected by the common character of an inaccordant secretion of some one of the constituent principles of the bony material, in consequence of which the substance is rendered too brittle, and apt to break on slight concussions, or other movements, or too soft, and equally apt to bend. These species are as follow : —

1. PAROSTIA FRAGILIS.
2. ——— FLEXILIS.

FRAGILITY OF THE BONES.
FLEXIBILITY OF THE BONES.

SPECIES I.

PAROSTIA FRAGILIS.

FRAGILITY OF THE BONES.

SUBSTANCE OF THE BONES BRITTLE, AND APT TO BREAK ON SLIGHT EXERTIONS, WITH LITTLE OR NO PAIN.

GEN. III.
SPEC. I.
Physiological
remarks.

BONE, shell, cartilage, and membrane, in their nascent state, are all the same substance, and originate from the coagulable lymph of the blood, which gives forth gelatine, and produces, by secretion, though as already observed it does not contain, albumen. Membrane is gelatine, with a small proportion of albumen to give it a certain degree of firmness : cartilage is membrane, with a larger proportion of albumen to give it a still greater degree of firmness ; and shell and bone are cartilage, hardened and rendered solid by the insertion of lime into their interior : in the case of shell, the lime being intermixed with a small proportion of phosphoric, and a much larger proportion of carbonic acid ; and in the case of bone, with a small proportion of carbonic and a much larger of phosphoric acid. It is hence obvious, that if the earthy and the animal parts do not bear a proper relation to each other, the bone must be improperly tempered, and unadapted to its office : that if the earthy or calcareous part be deficient, its substance must be soft and yielding ; and that if the animal part be deficient, or the calcareous part in excess, it must lose its cohesive power, become brittle, and apt to break.

It is the second of these morbid states that forms the proximate cause of the species before us, as the first forms the cause of the ensuing species.

PAROSTIA FRAGILIS is the *fragilitas ossium*, or *fragile vitreum* of authors, and is most frequently found as an attendant upon advanced age. It is, also, occasionally to be met with as a symptom in lues *, struma †, porphyra, cancer ‡, and general intemperance: and has been known as a sequel of small-pox. When bones are thus affected, they have a tendency to break upon slight and sudden movements. The author was once present at a church in which a lady, nearly seventy years old, in good general health, broke both the thigh-bones in merely kneeling down; and on being taken hold of to be carried away, had an os humeri also broken, without any violence, and with little pain. From the general irritability of the system, no fever of importance ensued, and, under the influence of a warm bed, and a diluent but somewhat cordial regimen, the bones united in a few weeks. Mr. Gooch relates a similar case of fracture, occasioned by a violent fit of coughing. §

The common cause seems to consist in a general irritability of the system, and a torpitude of the absorbent powers, which, by carrying off only the finer and more attenuate particles, and suffering the grosser, and particularly the earthy, to accumulate, overcharge the bones with this material.

Hence the best remedy is to be found in a plan of warm tonics, that may supply the system with something of the stimulus it stands in need of, and in a free use of acids, whether mineral or vegetable, that, by their tendency to dissolve calcareous earth, may at least diminish its introduction into the chyliferous vessels in the process of digestion, if they do not reach the assimilating vessels of the bones, and lessen the separation or elaboration at the extremity of the nutritive chain.

* In the Museum of the University of London is a thigh-bone, which broke as the patient was moving the limb in bed, at a period when he was under the influence of mercury for nodes on the other thigh-bone, which is also in the University Museum. — ED.

† In the museum of the same institution is an os humeri of a scrofulous boy, which was broken by shampooing. This first fracture united; but a second one happening afterwards in another place, a false joint formed. The bone was found to be so brittle after the patient's decease, that when the surgeon was dissecting the limb, a third fracture was produced. — ED.

‡ Nouveau Journ. de Médecine, tom. i. p. 138. The editor was called, about three years ago, to a gentleman's coachman in Montague Mews, Russell Square, whose thigh broke as he was turning himself in bed. It appeared that he had a cancerous disease of the bladder; for, after death, a large fungous tumour was found in this organ, situated upon so hard a base, that when felt through the coats of the bladder, it was at first supposed to be a stone. One of the ribs had also undergone a spontaneous fracture; and both it and the fracture of the femur were surrounded by a mass of scirrhus matter. One section of the femur is in the Museum of the London University, and the other in the editor's possession. The preparations correspond very closely in every respect to the beautiful delineations of cancer of the bones in Dr. Carswell's Illustrations of the Elementary Forms of Disease, fasc. iii. The details of the case are recorded in the Med. Chir. Trans., vol. xvii. p. 51, et seq. See also two cases of fracture of the thigh-bone, taking place without any violence, in which a diseased state of the bones appears to have been the predisposing cause of fracture, and concurring with cancer of the breasts, by Thos. Salter, of Poole, Dorset. Op. cit., vol. xv. p. 186, &c. — ED.

§ Observations, &c. Appendix.

GEN. III.

SPEC. I.

Parostia
fragilis.

Pathology.

Fragilitas ossium, or fragile vitreum, what.

Occurs chiefly in advancing years.

Exemplified

Common
cause.

Remedial
process.

GEN. III.
SPEC. I.
Parostia
fragilis.

Of the mineral acids, the sulphuric will generally be found preferable; it seldom gripes or nauseates, and almost always promotes the action of the stomach when weak or indolent. It is hence, also, an excellent tonic, and may be persevered in longer than any of the rest. In most cases, the muriatic agrees with the stomach, but not with the bowels, which always become more relaxed during its use, than where the other acids are employed. It is on this account, however, peculiarly adapted to cases of habitual constipation. The nitric acid, in a few idiosyncrasies, has proved a very powerful tonic, as well as solvent of animal earth: but, in many cases, it disagrees with the stomach, and produces flatulency, eructation, and other symptoms of indigestion. Where these cannot be employed, we must have recourse to the vegetable acids, and especially the citric, or tartaric, the last either in its pure form, or in that of *creme of tartar*. Lemons and oranges may also be taken copiously, and the carbonic acid, combined with water by means of Nooth's apparatus.*

SPECIES II.

PAROSTIA FLEXILIS.

FLEXIBILITY OF THE BONES.

SUBSTANCE OF THE BONES SOFT, AND APT TO BEND AND BECOME CROOKED ON SLIGHT EXERTIONS, WITH LITTLE OR NO PAIN.

GEN. III.
SPEC. II.
Mollities ossium, spina ventosa.

THIS is the *mollities ossium* of authors, formerly denominated *spina ventosa*, from its being first noticed on the spine, and accompanied with protuberances which were supposed to proceed from inflation.

Its physiology has been given under the preceding species, with which it is connected in the relation of contrast. As fragility of the bones proceeds from an excess of osseous earth, *flexibility* proceeds from a deficiency of one or more of the elements which constitute it. This deficiency may proceed from two causes, each

* The treatment here advised seems to be suggested by the belief, that fragility of the bones is always connected with a state of them in which their earthy part is superabundant. In old age there is always a degree of fragility in the bones, and it is well known, that the proportion of calcareous matter in the bones to the animal and vascular parts of them is then greater than it is in the earlier stages of life. Yet the greasy oily condition of the bones of an old skeleton, proves that this natural fragility of them is different from that which takes place in younger persons as the result of disease. Other varieties of fragility are attended with a diminution of the quantity of lime, and a corresponding loss of weight in the bones. The fragility of bones from old age is of course incurable; but, with reference to other varieties of the affection, the possibility of curing them will entirely depend on that of curing the original disease. Thus, fragility from cancer may be set down as incurable. It may here be observed, that the latter kind of fragility seems often to depend on the removal of the natural texture of the bones in certain parts of the skeleton, and the deposition of a scirrhus substance in its place. — ED.

producing some peculiarity of symptoms, which we shall presently illustrate by examples. For, first, there may be too small a secretion or elaboration of calcareous phosphate to allow a sufficient compactness to the bones: and, secondly, there may be an adequate separation of the calcareous earth, but a deficiency of the phosphoric acid, which, we have already observed, is necessary to give it fixation; in consequence of which it is often carried back in a loose state into the circulation, and discharged as a recement by the kidneys or some other emunctory.

The disease is sometimes idiopathic, and occurs sometimes as a symptom of porphyra, diabetes, and some forms of colic. In direct opposition to the preceding species, moreover, it is commonly found in the earlier rather than in the later periods of life, and has been observed in infancy.* It has occasionally been detected in quadrupeds, and of the stoutest kinds, as the ox and the lion. It is sometimes general, and sometimes confined to particular bones.

The cause is commonly obscure: it appears frequently to consist in a morbid state of the digestive organs, but is seated, perhaps, as often at the other extremity of the great chain of the nutritive powers, in the assimilating or secernent vessels, where it must necessarily elude all detection. In the museum of Professor Prochaska of Vienna, is a preparation of an adult who died of this disease, in which all the vertebræ are glued into one mass, the sacrum being scarcely distinguishable, and the ribs bent inward, and marked by the impression of the arms, which the patient was in the habit of pressing forcibly against his sides. The whole skeleton is extremely light. This last fact is always the case, from the absence of so large a portion of animal earth. An analysis, by Dr. Bostock, of the vertebræ of an adult female who died of the species before us, indicated that the earthy matter was only one eighth part of the weight of the bone, instead of amounting to more than half, which Dr. Bostock estimates to be its proportion in a state of health.†

A singular case of this disease is given by Dr. Hosty of Paris.‡ The patient, a married woman, between thirty and forty years of

GEN. III.

SPEC. II.

Parostia
flexilis.

Proceeds from a deficiency of the elements of calcareous earth: either in the earth itself; or its phosphoric acid.

Found in the earlier rather than in the later periods of life.

Has been traced in the stoutest quadrupeds.

Cause obscure.

May exist in the digestive organs: but as often in the assimilating powers.

All the vertebræ have been found glued together.

Great loss of weight in the bones, as calculated by Bostock.

Singular exemplification.

* This observation appears to the editor to be more applicable to rickets than mollities, between which diseases there are several striking differences. In the first place, mollities ossium is an extremely rare disease; whereas rickets is particularly common. Few instances of mollities have been met with in males, and those females who have been afflicted with it were of, or past, the middle period of life; whereas rickets is seen principally in children, and perhaps not more in one sex than the other. Another remarkable distinction is, that in rickets the calcareous matter of the bones has been originally deficient; the bones have never been properly developed from birth; but before mollities commences they attain their full growth, their texture is perfect, and their proportion of lime is right, until about the middle period of life, when those peculiar changes in the osseous system begin, which constitute the disease under consideration. In rickets, the bones cannot be suddenly bent in a certain degree without breaking; but in mollities they are more flexible than a piece of whalebone, the femur having been in some instances on record so soft, that the limb could be bent outwards, so as to bring the outer ankle in contact with the patient's temple. This was exemplified in the case of Madame Supiot, the particulars of whom are published in the *Mém. de l'Acad. des Sciences*. Mollities ossium, so far as our present information extends, is incurable; but rickets generally ceases as the child grows up and acquires strength. — EN.

† Trans. of the Medico-Chirurg. Soc., vol. iv. p. 42.

‡ Phil. Trans., vol. xlviii, year 1753.

GEN. III.

SPEC. II.

Parostia
flexilis.Calcareous
earth discharged
by the bladder
and salivary
glands.

age, was attacked by it gradually, after several lyings-in and two falls on the side, which gave her great pain over all her body, but fractured no bone. The first decided symptom was an incurvation of one of the fingers, accompanied with a very considerable discharge of bony or calcareous earth by the urine, which was loaded with it, and gave a copious deposit. The incurvation by degrees extended to all the limbs, so that the feet were at length bent upwards nearly to the head, but without muscular contraction or fracture. The calcareous matter at length ceased to flow towards the bladder, and seems to have been transferred to the salivary glands, from which was discharged a flux of dark discoloured spittle. All the functions of the body were in a state of great disorder; she had at times a very considerable degree of fever, which was at one period accompanied with headach, delirium, and subsultus tendinum. She died in about a twelvemonth from the commencement of the disease, and all the bones, on being examined, were found soft and supple, though many of them, as the ribs, were still in some degree friable; the scalpel, with very little force, ran through the hardest of them. Nothing extraordinary was found in the thoracic or abdominal viscera; but the right hemisphere of the brain appeared to be one-third larger than the left.

Case explained.

Discharge of
calcareous
matter by the
emunctories of
the body some-
times still
larger.

Exemplified.

In this case, the disease evidently commenced in the bones themselves, and seems to have proceeded from a want of phosphoric acid to give compactness to the calcareous earth; for that there was a sufficiency of this earth, is clear from its being found loose in the fluids, and thrown out as a recement by the urine and saliva till the whole was removed, and nothing of the bones remained but their cartilaginous or membranous fabric. In a similar case, related by Mr. Thomson, this tendency to the discharge of the absorbed and loose earth of the softened bones at the emunctories of the body was still more considerable. The urine, we are told, for the first two years of the patient's illness, deposited generally a whitish sediment, which, upon evaporation, became like mortar, and, on one or two occasions, he voided a few jagged calculi. After this period, the calcareous discharge ceased, the bones having little earth left in their composition, as was sufficiently ascertained on the patient's death, which, however, did not occur till nine years from the commencement of the malady.

[In this case, when the tibia was cut into in the living body, the shell of the bone was of the thickness and solidity of the rind of cheese, and the whole of its interior was occupied by a dusky red, or liver-coloured flesh, which was devoid of sensibility. No hemorrhage followed the removal of the osseous covering. The appearances after death were similar to the preceding. The cartilaginous covering of the bones was much thinner than natural; but their external surface was polished, and, in some parts, elevated into bumps.* In another example, recently described by Mr. Howship, when the periosteum of the thigh-bone was longitudinally divided, the contents proved to be a red, pulpy, or fleshy

* Medical Obs. and Inquiries, vol. v. 8vo. The dissection of the subject of this case was made under the direction of Dr. William Hunter, and several of the bones are preserved in the museum which he bequeathed to the University of Glasgow. See Cumin on Diseases of the Bones, in Ed. Med. Journ., No. lxxxii.
— Ed.

matter, in some parts much resembling liver ; in one place much softer ; in another, of a grumous consistence, like blood. The whole of the softened femur admitted of a perfect longitudinal division by the knife, through the cylindrical portion, without its meeting with the least trace of ossific matter ; but, towards each extremity, it occasionally encountered a few scattered spiculæ of bone, or a thin external lamina, like a small fragment of paper or egg-shell. The disease seemed, to Mr. Howship, to be the effect of a morbid action in the capillary arteries of the medullary membranes. However, although the medullary secretion was every where deranged, the matter deposited was by no means uniform in appearance ; one mass seemed like coagulated blood ; another resembled a portion of gorged liver. At one point, the secreted matter was of a light fibrinous character ; at another, it was more like a compact fleshy substance. The periosteum was not materially thickened. The lower parts of the tibia were cut through with ease, but the middle ones resisted the knife. The bones of the pelvis were also so nearly destroyed, that they could be cut through with facility, although upon their surface there was a thin osseous shell. The vertebræ, ribs, and sternum, were all so softened as to admit of being easily divided with the knife. The bones of the upper extremities, however, could not be cut through, nor those of the cranium. The viscera, and the cartilages of the joints, were sound.*]

GEN. III.
SPEC. II.

Parostia
flexilis.

Morbid ap-
pearances on
dissection.

It is probably to this species we are to refer the singular case, translated by Reiske from the Arabic of Ghutzi, of an individual, contemporary with Mahomet, who had no proper bones but those of the cranium, neck, and hands ; every other part of the body being pliable as a piece of cloth to the touch of other persons, though the individual could not of his own accord bend a single limb. He was a man, we are told, of the highest dignity, and had acquired celebrity for his wisdom. He was usually carried from place to place in a wicker basket of palm twigs.†

Singular ex-
emplification
from Reiske.

In some cases, there seems to be but little deficiency of phosphoric acid, though there is an evident want of earthy matter : for we meet with no calcareous discharge by any of the emunctories, while the union which takes place between whatever portion of the earth is conveyed to the bones and the phosphoric acid which is secreted at the same time, renders them in some degree friable, though weak, and hence as liable to fracture on slight exertions as in the preceding species.

Sometimes the
earth itself
deficiently se-
creted, and
then no suc^d,
discharge.

A case of this kind was, not long ago, under the joint care of the author and Mr. Howship. The patient was a lady, thirty-five years of age, heretofore in good health : both the thigh-bones had been broken without any violence about a twelvemonth antecedently, and all the other bones showed a strong tendency to softness and compressibility. There was great general debility in all the functions, with a feeble and quickened pulse. By perfect quiet, a recumbent posture on a hard and level couch, and the steady use of a tonic regimen and diet, she was put into a way of recovering. Her general health improved, the extremities

Illustrated.

* Howship, in Med. Chir. Trans. of Edin., vol. ii. p. 152.

† Opuscula Medica ex Monumentis Arabum. 8vo. Hallæ, 1776.

GEN. III.
SPEC. II.
Parostia
flexilis.

Additional
illustration.

of both bones appeared to be united and buried in an irregular mass of callus that clustered around them, and, in a few months, it was recommended to her to be removed by an easy conveyance to the sea-coast.*

A somewhat similar case, but of greater severity, communicated by Sir John Pringle to the Royal Society, is contained in its forty-eighth volume.† The patient was an unmarried female servant, of good character. A parostic diathesis seems, from some cause or other, to have existed, and to have been brought into action by a tedious and troublesome chlorosis. One of the legs first gave way, and snapped as she was walking from the bed to her chair, and soon afterwards both the thigh-bones, from a little exertion. From this time, her general health suffered, her habit became cachectic, and there being an increasing inability to a supply of compact calcareous earth, all the bones became soft and pliable, and bent in every direction without breaking, while those which were broken never united. Her head, however, was throughout scarcely affected, and her mental faculties continued clear to the last. She died in less than nine months from the commencement of the disease, and, on examining her body, all the bones were capable of being cut through, without turning the edge of the knife.

Medical
treatment.

Mercury has
rarely been
found useful.

Deficiency of
the constituents
of the earth of
bones depend-
ent upon local
or general
debility.

Hence perfect
quiet neces-
sary : a recum-
bent position :
nutritive and
generous diet :
and tonic
medicines.

In one of the two preceding cases, mercury was employed, and carried to the extent of producing salivation, yet without any benefit whatever. It is not easy, indeed, to conceive what benefit could be expected from such a plan. The deficiency of one or all the constituents of perfect and healthy earth of bones, is evidently dependent upon local or general debility, though we cannot always discover the cause of this debility, nor the peculiar circumstances connected with it which give rise to this, rather than any other effect of diminished energy. And hence, the only treatment presenting any hope of success, is that of perfect quiet, and a recumbent posture, on a hard mattress, or slightly inclined plane, to prevent distortion and fracture ; a plain but nutritive and somewhat generous diet, and a course of tonic medicines. In the case of the lady just adverted to, and who was put into a train of recovery, the medicines chiefly employed were various preparations of cinchona and iron, chiefly the *pilulæ ferri compositæ*, with an allowance of ale, instead of wine, with her dinner.

* A further account of this case has been published by my friend, Mr. Howship. "The earliest forerunners were debility of vascular action, and especially of the system of voluntary muscles ; increasing, or diminishing, but always prominent ; essentially relieved by tonics, and as essentially aggravated by the excitement of the mercurial influence. One of the most remarkable features in the history, was the relief afforded by sea-air and sea-bathing." In this particular patient, the nervous system was singularly irritable. "The remarkable severity of pain excited in the diseased member by the action of swallowing, by the slight irritation of a cambric handkerchief touching the face, or even by the mental emotion incident to speaking of her complaint, as well as the sudden excitation of perspiration, by drawing the finger over the skin, are circumstances," says Mr. Howship, "that I never had before observed myself, nor met with in the observations of others." Great benefit seems to have resulted from combining tonics and aperients. See *Edin. Med. Chir. Trans.*, vol. ii. p. 137.—ED.

† *Phil. Trans.*, year 1753.

Since the first edition of this work, I have learnt, that this patient, when in the full hope of resuming her former health, was suddenly carried off by an attack of pleurisy.*

GEN. III.
SPEC. II.
Parostia
flexilis.

GENUS IV.

CYRTOSIS.

CONTORTION OF THE BONES.

HEAD BULKY, ESPECIALLY ANTERIORLY : STATURE SHORT, AND INCURVATED ; FLESH FLABBY, PALE, AND WRINKLED.

THE term CYRTOSIS is derived from the Greek *κυρτός*, “curvus, incurvus, gibbosus,” and, among the ancients, particularly imported recurvation of the spine, or posterior crookedness, as lordosis, *λόρδωσις*, imported procurvation of the head and shoulders or anterior crookedness. It has, in recent times, more generally been written CYRTONOSOS, literally “morbus incurvus :” but the term *νόσος*, or morbus, is pleonastic in a system of nosology, and hence CYRTOSIS is preferable.

GEN. IV.
Origin of
generic term.
Lordosis, what.
Cyrtonosos.

The genus is intended to include two specific diseases, which have a close connection in many of their most prominent symptoms, and especially in the sponginess and incurvation of the bones, and in the withered appearance of the flesh, insomuch that the second is, by some, regarded as only a modification of the first ; but which, however, are peculiarly distinguished from each other by the different state of the mental powers. These are : —

1. CYRTOSIS RHACHIA.
2. ——— CRETINISMUS.

RICKETS. †
CRETINISM.

* From the particulars of her dissection, however, as given by Mr. Howship, and now introduced into the text, it is manifest, that the disease had irreparably destroyed the greater part of her skeleton, and that, independently of the pleurisy, she could not have recovered. — ED.

† Some writers would have arranged rickets as a species of *mollities ossium*. The authority of Dr. Cumin is in support of this view. Thus, the genus softening of bones, he proposes to call *Osteo-malakia*, and he divides it into two species, — 1. *Osteom. Infantum*, or Rickets ; and 2. *Osteom. Adultorum*, or *Mollities Ossium*. (See *Edin. Med. Journ.*, No. lxxxii. p. 3.) Cretinism is not necessarily combined with any disease or deformity of the bones resembling that of rickets, but, according to late observations, is essentially connected with malformation of the head, the cranium being remarkably small, and its bones of extraordinary thickness. (See *Larrey's Mém. de Chir. Milit.*, tom. i. p. 123.) At the same time, it is a fact that rickets is often conjoined with a state of the skull, in which some parts of it present an extraordinary thickness, while others are as thin as paper, with the tables blended together, and incapable of division. Sometimes the parietal bones are seven-eighths of an inch in thickness, while in the situation of the fontanelle and sutures, the cranium is surprisingly thin. Hunauld exhibited to the Academy of Sciences a skull in this condition, from the thickened portions of which a mixture of blood and serum could be compressed. — ED.

SPECIES I.

CYRTOSIS RHACHIA.

RICKETS.

CHIEFLY AFFECTING THE LIMBS AND BODY: SPINE CROOKED;
RIBS DEPRESSED; ARTICULAR EPIPHYSES ENLARGED AND
SPONGY; BELLY TUMID; MENTAL FACULTIES CLEAR, OFTEN
PREMATURE.

GEN. IV.
SPEC. I.

Origin of the
vernacular
names of both
species:
cretinism.

Rickets, or
rhachitis.

THERE is some doubt about the origin of both the vernacular names. Cretinism on its first discovery was, by many writers, supposed to be produced by an habitual use of water impregnated with chalk or *creta*, in the low Swiss valleys, where it was earliest traced: and it is commonly supposed, that the specific name is derived from this opinion.

The English word *rickets* is usually written, in technical language, *rhachitis*; a name first given to it by Glisson, and said to be derived from *ῥάχις* (*rhachis*), the spine, in consequence of the distortion and curvature of this organ, occasioned by its being no longer able to bear the weight of the head and upper extremities. As this malady, however, was first observed in England, and particularly in the western counties, and was *provincially* denominated *rickets*, before it attracted the attention of medical writers, it is more probable that rickets is derived from the Saxon *ricg* (*ricg* or *rick*), “a heap or hump,” and particularly as applied to the *back*, which also it denotes in a second sense; so that *ricked* or *ricket* is literally, in its full import, “hump-backed.” It is from this root we derive *hay-rick*, “a heap of hay,” and not, as Dr. Johnson has given it, from “reek,” to smoke. Rhachitis might, however, be a word sufficiently good for the present purpose, were it not for its termination; *ITIS*, in the medical technology of modern times, implying visceral inflammation, and being limited, by a sort of common consent, to the numerous species of disease arranged in the present method under the genus *EMPRESMA*, which we have considered already*; and, on this account, in the species before us *rhachitis* is exchanged for *rhachia*.

Rhachitis, why
not employed
as the specific
term.

Rhachia,
whether known
to the Greeks.

If this disease were known to the Greeks, we should expect to find it, not indeed under the specific term *rhachia*, but the generic term *cyrtosis*; for while neither *rhachia* nor *rachitis* is to be traced among the Greek writers in the sense of diseased action, the latter is common to them in the signification already ascribed to it.

Both species
probably of
modern date:

There is much reason for believing, however, that both rickets and cretinism are comparatively of modern date: and it is a singular circumstance, that both these species should have been first noticed, and apparently have made their first appearance, coetaneously. The earliest account we have of rickets is that published by Glisson, as it occurred in England in the middle of the seven-

* Vol. ii. Cl. III. Ord. II. Gen. VII.

teenth century; the first account of cretinism is that of Plater, who met with it about the same time in Carinthia and the Valais. The disease is also common in Navarre, and in many of the valleys of the Pyrennees, particularly that of Luchen; and it has been observed by Sir George Staunton as far off as Chinese Tartary, in a part of the country much resembling Switzerland and Savoy in its alpine appearance. There are some writers, however, who have endeavoured to trace both species of this genus up to the Greeks and Romans. Thus Zeviani contends that rickets, if not cretinism, is to be discovered in the Roman names of Vari and Valgi, as also in several passages ridiculing deformity, in Ther-sites, the supposed Æsop of Greece, as well as in other authors *; but all such remarks are too general; he cannot produce a single passage from the medical writers of antiquity, clearly characterising the peculiar deformities before us. De Haen has attempted to trace the same disease in the works of Hippocrates, but has failed; and hence it is generally admitted in the present day, and has been so from the time of Glisson himself, supported by the concurrent opinions of Bate, Regemorter, Van Swieten, and Trinka, that both rickets and cretinism are of the recent date we have just assigned to them.

The enlargement of the thyroid gland, called *goître* or *bronchocele*, is the most striking feature in the unsightly aspect of a cretin; but this, as Dr. Reeve has observed, is not a constant attendant, nor is there any necessary connection between *goître* and cretinism, notwithstanding the assertions and ingenious reasoning of Fodéré. Cretinism is frequently observed without any affection of the thyroid gland, and this gland, on the contrary, is often very much enlarged, without the slightest degree of that affection of the intellectual faculties by which cretinism is particularly marked.†

In order that the various parts of the body should thrive and enlarge in the infancy of life, it is necessary not only that there be a due supply of nutritious food, but that the entire chain of the nutritive organs, from the digestive to the assimilating powers, should be in a state of sound health, and capable of fulfilling their respective functions. In several of the varieties of atrophy this is not the case. In one or two of them we have reason to believe that the digestive process is imperfect, and that the disease is chiefly seated in the chylific viscera. In others, that proper nutriment, though duly introduced into the blood, is not duly elaborated from it, and converted into the structure of the different parts whose waste it is to supply; and consequently that the disease is chiefly seated in the assimilating powers. And in treating of atrophy, we observed that the one extremity of the nutritive chain so closely harmonises with the other, that, let the disease commence at which end soever it may, the opposite is affected by sympathy. We also observed, that the different divisions of secernents are not all equally under the influence of a morbid torpitude; since occasionally those that secrete the animal oil cease to act long before any of the rest; whence emaciation occurs, and in many

GEN. IV.

SPEC. I.

Cyr-tosis
rhachia.

but have been
of late traced
in regions very
remote from
each other.

Failure of the
medical palæo-
logists, who have
endeavoured to
trace these to a
remote period.

Goître or
bronchocele
common to
cretins, but not
a necessary
feature of the
disease.

Physiological
remarks.

* Della cura di Bambini, attaccati della Rhachitide. Cap. ii. p. 15.

† Storr, Alpenreise Vorbereitung, p. 55.

GEN. IV.

SPEC. I.

Cyrtosis
rhachia.

In rickets the nutritive organs disturbed generally, but chiefly those that supply bony earth.

Proximate
cause of rickets
and cretinism.

Remote and
exciting causes.

These causes productive of other diseases as well : and hence some predisponent cause calling rickets rather than any other disease into action.

This sometimes an hereditary taint.

instances continues, for some time, as a solitary symptom : and the individual falls away in plumpness, without being sensible of any other failing.

In rickets the nutritive organs are disturbed generally through the whole length of the chain, but the chief failure is in a due supply of bony earth, or the phosphoric acid that should combine with it. The evident intention of this kind of supply is to enable the bones to expand and acquire maturity while growing, and to uphold their strength and firmness afterwards. And so long as they obtain a sufficient supply, and the waste earth of the bones is proportionably carried off by the absorbents, so long this part of the animal economy continues perfect ; but, with the exception of the fat or animal oil, there is, perhaps, no secretion that is so liable to have its proper balance disturbed, whether by excess or deficiency, by a morbid condition of the digestive or of the assimilating powers, as that of bony or calcareous earth.

A deficient formation, then, or elaboration of bony earth, constitutes the proximate cause of both rickets and cretinism.* The remote or exciting causes it is not always in our power to ascertain ; yet in numerous, perhaps in most instances, we are capable of tracing them to a want of pure air and a warm and dry atmosphere, nutritious food, regular exercise, cleanliness, and the concomitant evils attendant upon a state of poverty ; and hence it is chiefly in the hovels of the poor, the destitute, and the profligate, that both diseases are met with ; while the severity of the symptoms is very generally in proportion to the extent or multiplication of these concurrent causes.

But there are other diseases, which result from the evils we are now contemplating, as well as rickets or cretinism, such as atrophy, scrofula, scurvy, and typhous fevers : and hence, there must be some predisponent cause operating in the present instance, and calling rickets into action rather than any one of the rest. Such cause we do not seem always able to trace, but there is reason to believe, that it is sometimes dependent upon an hereditary taint of an idiopathic nature, sometimes upon a scrofulous or venereal depravation in the constitution of the father or the mother. Such, also, is the opinion of Dr. Cullen. " This disease," says he, " may be justly considered as proceeding from parents : for it often appears in a great number of the same family ; and my observation leads me to judge, that it originates more frequently from mothers than from fathers. So far as I can refer the disease of the children to the state of the parents, it has appeared to me most commonly to arise from some weakness, and pretty frequently from a scrofulous habit, in the mother." — " I must remark, how-

* This opinion, respecting the cause of cretinism, seems to want a foundation ; and with regard to rickets, this disease does not consist merely in a deficiency of the secretion of phosphate of lime, for, in addition to the loss of their firmness from that cause, there is a disorganisation of their minute texture ; and this is so much the fact, that in some aggravated examples on record, the walls of the long cylindrical bones admitted of being entirely removed, so as to expose an internal substance, of homogeneous appearance, and cellular texture throughout. The manner in which the side of a long cylindrical bone, bent in consequence of rickets, becomes strengthened and thickened at the lesser curvature of it, to which the line of gravity is now transmitted, is a fact on which Mr. Stanley has made some interesting remarks in a paper inserted in the Med. Chir. Trans. — Ed.

ever," continues Dr. Cullen, "that, in many cases, I have not been able to discern the condition of the parents to which I could refer it." *

Rickets seldom appears earlier than the ninth month of infancy, and not often later than the second year†, being preceded, according to Dr. Strack, by a paleness and swelling of the countenance, and a yellow, sulphur hue in that part of the cheeks which should naturally be red.‡ In some instances it seems to have originated later; in every stage, indeed, of a child's growth, till the bones have acquired their full size and firmness§: and it is said to have occurred even after this. But, in these late appearances, we are generally capable of tracing the disease to some local injury, which acts as an exciting cause, and, for the most part, unites it with *PAROSTIA flexilis*.

Rhachia, in its ordinary course, commences imperceptibly and advances slowly; the body becomes gradually emaciated, the flesh flaccid, and the cheeks wan or sallow, with a slight degree of tumefaction. As the flesh diminishes in bulk, the head is found to increase, the sutures gape, and the forehead grows prominent. The spine bends, and is incapable of supporting the weight it has to carry; the ribs and sternum partake of the distortion; the former lose their convexity, and the latter projects into a ridge. ||

The same deficiency of bony earth runs through the entire skeleton, and affects not only those parts that are composed chiefly of lime and phosphoric acid, as the flat bones and the middle of the long bones, but the extreme knobs or epiphyses, in which lime is combined as largely with carbonic as with phosphoric acid. And hence, the joints are loose and spongy, and in swelling keep pace with the head. In many instances, the lime appears to be elaborated, but without its correspondent acids, and consequently without compactness, and to no purpose; for we can occasionally trace it loose in the urine, in which it forms a calcareous deposit, as though carried off from the blood as a recrement.

All the assimilating powers participate in the debility in a greater or less degree: the process of dentition is slow and imperfect¶, and while the cellular membrane is without animal oil,

GEN. IV.

SPEC. I.

Cyrto-
sis
rhachia.Appears chiefly
in infancy and
childhood.Precursive
signs.Sometimes
appears later.Commencement
and progress
of the disease.Deficiency of
bony matter
runs through
the entire
skeleton.Bony earth
traced loose in
the urine, and
why.All the assim-
ilating powers
partake of the

* Pract. of Phys., vol. iv. book II. ch. IV. § MDCCXXII.

† Perhaps it would have been more correct to have assigned a longer space for the common period of the commencement of rickets; as, for instance, the interval between the eighth month and the third year after birth. The disease may begin, however, in the fœtus: in illustration of which fact there is an excellent preparation in the Museum of the London University. It is questionable whether the bones, after the adult age, ever become affected with rickets for the first time. — ED.

‡ Act. Philosophico-Medico Soc. Acad. Princ. Hassiæ, &c. 4to. Giessæ Cathorum.

§ Thomasin, Journ. de Méd., tom. xliii. p. 222.

|| In individuals who are rickety in a considerable degree, the bones of the lower half of the skeleton are always very diminutive in comparison with those of the upper half; in other words, they are much less developed: a subject on which some interesting observations were published by Mr. A. Shaw in the Med. Chir. Trans., vol. xvii. p. 434, et seq. The bones of the upper extremity are not often deformed by rickets, though in the Museum of the London University there is the skeleton of a rickety person, where the pressure of crutches has occasioned remarkable curvatures of the humeri, which are also not rightly developed. — ED.

¶ The contrary remark is made by several writers, who adduce the fact in proof

GEN. IV.

SPEC. I.

Cyrtosis
rhachia.

debility: but
the sensorial
power least of
all: and hence
the mind ad-
vances while
the body fails.

The truth of
this remark
easily confirmed
by a reference
to history.

the muscular fibres are tabid, without energy, and almost inirritable. It does not seem, however, that the sensorial power is much interfered with. Some part, indeed, of what should [be sent over the frame at large, appears to be concentrated in the sensorium: so that its equipoise is disturbed, but the general average is not perhaps much diminished. And hence the curious and interesting fact, that while the body is generally failing, the mind, in many instances, advances in its faculties, insomuch that a very slight recapitulation of the names of those who have been pre-eminently gifted with mental talents in every age and nation, and have immortalised themselves as poets, philosophers, and even leaders in the field, will put before the eye of persons who have not much attended to this subject, a far greater proportion of the hump-backed, and the rickety, than they may hitherto have had any conception of. We had occasion to make a like remark when treating of scrofula, and the same fact occurs almost as strikingly in hectic fever. The progress of the mind does not necessarily depend upon the general progress of the body: in the ordinary course of things, the one runs parallel with the other; but, in the great field of pathology, where this course is departed from, we are perpetually called to behold proofs, that these powers are by no means one and indivisible; and that, even before the hour of death, the spirit gives token of an advance towards perfection, while the body in its general crasis, is imbecile, or, perhaps, sinking gradually into ruins.

Little or no
fever at the
commencement
of the disease,
but engendered
as it proceeds:
hence the mind
at length
affected.

Medical treat-
ment: em-
braces two in-
tentions.

First intention,
that of strength-
ening the sys-
tem generally.

At the commencement of rickets, there is rarely any degree of fever, but, as the disease advances, irritability, as in scrofula, succeeds to inirritability, and a hectic is produced. Or it may happen that the sensorium at last participates in a greater degree with the disease of the rest of the frame, and the mind itself becomes enfeebled, and torpid or fatuous.

In the treatment of rickets, the eye should be directed to the two following intentions: that of strengthening the system generally; and that of facilitating a supply of phosphate of lime to the organs that form the chief seat of disease.

For the former purpose, a pure, dry, and temperate atmosphere, a wholesome and somewhat generous diet, regular exercise, of such kind as can be indulged in with least inconvenience, cleanliness, and cold-bathing, are of essential importance, and have often worked a cure alone. And it is possibly owing to a more general conviction of the advantage of such a regimen in the present enlightened age, that rickets is a complaint far less common now than it was a century or even half a century ago.

Treatment.

First intention.

Metallic salts.

A tonic plan of medicines, however, ought to be interposed, and will effectually co-operate with a tonic regimen. As in infancy we can employ those remedies only which are neither very bulky nor very disgusting, we should, for the purpose immediately before us, make choice of the metallic salts. Mr. Boyle is said to have employed, long ago, with very great success, some kind of *ens veneris*; and various preparations of copper have since been made

of the teeth not being affected by the diseases common to the skeleton, and of their not being vascular. — ED.

use of, and been highly extolled for their virtues in the present disease, especially by Benevoli and Büchner. Dr. Cullen, however, is persuaded, that the *ens veneris* of Boyle was a preparation not of copper, but of iron; in fact, the *flores martiales* of the old dispensaries; and there is no doubt that this conjecture is right. From the general irritability of the system, iron, indeed, seems to be more advisable on the present occasion than any other metal; and its stimulant property is a recommendation.

If the appetite fail, which is not common, and the stomach evince acidity and other dyspeptic symptoms, an occasional emetic will be highly serviceable. The bowels must be kept open with rhubarb, or neutral salts; and, if the abdomen be tumid, or there be any other symptoms of an affection of the mesenteric glands, mercury in small doses may be advantageously had recourse to, and combined with the tonic plan.

The means of carrying into execution the second intention, or that of producing a direct supply of osseous matter, is accompanied with more difficulty, nor is it certain that we are in possession of any remedy whatever by which this can be accomplished, though it has often been attempted.

Bone may be regarded as a cancellated fabric of gluten, whose cells are filled up with the earth of lime and a combination of carbonic and especially phosphoric acid. In all cases of rhachia, there seems to be a deficiency of these acids, but particularly of the phosphoric, and, in many cases, a deficiency of the earth, as well as of the acids.

Acids, however, of every kind, when in excess, have a tendency to dissolve calcareous earth instead of concreting it into a solid mass: and hence one of the most effectual means of preventing that tendency to the separation or production of a morbid superabundance of calcareous earth in *OSTHEXIA* and *LITHIA*, is a free use of acids as a solvent.

A hint has been taken from this effect, and as the disease before us is of an opposite kind, and evinces a deficiency of lime, and especially of phosphate of lime, instead of an excess, it has been ingeniously proposed to pursue an opposite practice, and to have recourse to a free use of alkalies and alkalescent earths, especially lime united with phosphoric acid, with a view of obtaining the deficient materials. Baron Haller and De Haen employed for this purpose prepared oyster-shells; but these consist of lime with carbonic acid, and do not, therefore, offer a proper supply for the basis of bones. M. Bonhomme has of late improved upon this practice by substituting the phosphate of lime, or the powder of bones, for its carbonate, and uniting it in equal parts with phosphate of soda: of which compound the dose is a scruple for an infant given twice a day. And he recommends that the body should also be bathed morning and night with an alkaline solution, consisting of half an ounce of common potass in a pound of spring water. Abilgaard has carried the alkaline plan still farther, and has employed the fixed alkali internally.* And, as acidity of the stomach in infants seems to be one cause of the disease, and a

GEN. IV.
SPEC. I.
Cyrto-
sis
rhachia.

Emetics.

Aperients.

Second inten-
tion, that of
producing a
direct supply
of osseous
matter.

How far this
may be ac-
complished.

Acids, when in
excess, dissolve
bony earth, and
hence alkalies
and alkalescent
earths have
been employed
in the present
disease, and
especially phos-
phate of lime.

* Collect. Soc. Med. Havn., i. art. 1.

GEN. IV.

SPEC. I.

Cyrtoſis
rhachia.

Treatment.

Second inten-
tion.How far ſuch
preparations
may find their
way without
decomposition
to the aſſimila-
ting veſſels.Illustrated
from parallel
facts.Irritants and
rubefacients
how far uſeful.

Exemplified.

principal cauſe, as conjectured by Cappel * and Zeviani †, where the digeſtion is evidently at fault, we may, in ſuch circumſtances, reaſonably expect benefit from alkaline preparations or magnesia.

How far any preparation of lime introduced into the ſtomach, may be able to find its way, without decomposition, through the ſanguiferous ſystem to the aſſimilating veſſels, and be ſecerned in the parts affected, has not been exactly determined. Vauquelin made various experiments upon fowls, to decide the queſtion, and M. Bonhomme has ſince attempted others. To themſelves theſe experiments appeared ſatisfactory; but they are open to ſome objections which have not been entirely removed. Yet we ſee, every day, in a thouſand inſtances, with what facility ſubſtances, of almoſt every kind, introduced into the ſtomach, are diffuſed, with little other change than that of minute diviſion, over every part of the ſystem. Emetics do not act till they reach the circulating ſystem: the colouring matter of the madder-root is conveyed to and tinges the moſt ſolid bones: pruſſiate of potaſh, turpentine, and various other balſams, enter without change into the bladder. It is hence that rape-ſeed communicates an intolerable taſte to hares that feed upon it, and that the fleſh of ſheep, feeding upon wormwood, acquires the bitter flavour of this plant. So, the buckthorn gives a cathartic property to the fleſh of thruſhes that have ſwallowed it, and ſcammony to goats' milk. Partridges that have feaſted harmleſſly on hellebore often occaſion ſickneſs when employed as food; and when oxen have grazed in a paſture abounding with alliaceous plants, the beef they produce poſſeſſes the ſame taſte and ſmell. And hence, phosphate of lime may, in like manner, be conveyed from the ſtomach to the ſecernents of the bones, and reach them without chemical decomposition. ‡

As rhachia is peculiarly diſtinguiſhed by a great inirritability and want of action, rubefacients and other cutaneous ſtimulants have often been employed, and proved ſerviceable, as well from the friction that accompanies their uſe as their own acuating power. Theſe have ſometimes been ſo far heightened as purpoſely to excite ſome degree of fever, with a view of carrying off the diſeaſe by this means; as dyspepsy, cephalæa, and chronic rheumatism have often been carried off by a ſmart attack of a tertian intermittent. We are told, that a practice of this kind prevails very generally in the Weſtern Iſles, and is productive of great ſucceſs. The heating oil of the ſkate-fiſh is rubbed every evening, firſt upon the wiſts and ankles of the patient, which raiſes a fever of ſeveral hours' duration; and when the inunction upon theſe parts has loſt its effect, it is then applied, in like manner, to the knees and elbows; and afterwards, in like manner, to the ſpine; ſo that a certain degree of pyrexia may be daily maintained. And when friction, on all theſe organs, is found to fail, as fail it will by degrees, a flannel ſhirt dipped in the oil is finally had recourſe to, and worn on the body, which produces a

* Versuch einen vollſtändigen Abhandlung über die Engliſche krankheit, &c.

† Della cura di Bambini attaccati della Rhachitide, cap. ii. p. 80.

‡ The editor has ſeen ſeveral examples of rickets and diſuniting fractures, where phosphate of lime was freely exhibited to the patients, but without the ſlighteſt benefit.

higher degree of fever than has yet existed; and continues to be worn, after fresh illinations, till a cure is obtained, which is said to be pretty certain, and usually in a short time.

Many ingenious devices have been executed by surgical instrument makers for giving support to the limbs that seem mostly to suffer, and for removing the weight of the body from one part to another. In infancy, however, all these are of little avail, and where the disease pervades the entire skeleton, they will always do as much mischief as good, by aiding one part at the expense of another. The best mechanical instruments are a hard incompressible couch, and a level floor, on which the infant may lie at full length, and stretch his limbs as he pleases. The couch or rather mattress should be made light and moveable, and especially unyielding, so that he may be carried upon it in the open air for exercise. Moderate warmth is of great service, but a downy bed, that gives way to the pressure of the body, and sinks into unequal hollows, cannot fail to increase the incurvation.*

GEN. IV.
SPEC. I.
Cyrto-
sis
rhachia.
Treatment.
Second inten-
tion.
Mechanical
aids how far
advisable.

SPECIES II.

CYRTOSIS CRETINISMUS.

CRETINISM.

CHIEFLY AFFECTING THE HEAD AND NECK: COUNTENANCE
VACANT AND STUPID: MENTAL FACULTIES FEEBLE OR IDIOTIC:
SENSIBILITY OBTUSE: MOSTLY WITH ENLARGEMENT OF THE
THYROID GLAND.

CRETINISM makes a very close approach to rickets in its general symptoms. It differs principally in the tendency to the peculiar enlargement of the thyroid gland, which, in France, is denominated goitre, and with us, Derbyshire-neck, and in the mental imbecility which accompanies it from the first.

In treating of rhachitis we observed that, while all the functions of the general frame are here in a state of great debility, with the exception of the mental, these last exhibited, in many instances, a precocity and a vigour rarely found in firm health. On the contrary, in cretinism the organ of the brain seems to follow the fate of the rest of the body, and, in many cases, even to take the lead, so that the chief imbecility is to be found in this region. For the peculiar symptom of goitre, it is not so easy to account. We know so little of the purpose, and even of the fabric, of this gland, as to be incapable of assigning its use in the animal economy †;

GEN. IV.
SPEC. II.

How distin-
guished from
rickets.

Occasional pre-
cocity of men-
tal powers in
rickets:

In cretinism
the organ of
the brain fol-
lows the fate of
the other or-
gans, and hence
mental weak-
ness.

* On the Nature and Treatment of the Distortions to which the Spine and Bones of the Chest are subject, &c. By John Shaw. 8vo. 1823.

† For information on this subject, the editor refers the reader to a late publication, entitled The Anatomy of the Thymus Gland, by Sir Astley Cooper, bart. 4to. Lond. 1832. The author having ascertained that the thymus secretes all the parts of the blood, and that after birth it does not continue to perform the same office as it does in the fœtus, is led to suggest the following query: — "Is it not probable that the gland is designed to prepare a fluid, well fitted for the

GEN. IV.
SPEC. II.
Cyrtoſis
cretinismus.

Appearance of
goître not
easily account-
ed for: yet not
always an ac-
companiment.

Chorography
of cretinism.

Whether snow-
water be a
cause: or
water impreg-
nated with cal-
careous earth.
These opinions
without found-
ation.

Disproof of the
first.

Disproof of the
second.

Snow-water,
from its chilli-
ness, may how-
ever prove an
auxiliary.

Why calcareous
water should be
a supposed
cause explained.

and hence, it is not much to be wondered at, that its peculiar tendency to associate, in the present disease, with the morbid condition of the bones and of the intellect, should not hitherto have been ascertained. It does not always, however, accompany the other symptoms, though it is, for the most part, an associate.

We have already observed, that cretinism was first distinctly noticed and described by Plater, about the middle of the seventeenth century, as occurring among the poor in Carinthia and the Valais; and that it was afterwards found in a still severer degree in other valleys in Switzerland and the Alps generally; as it has since been detected in very distant regions where the country exhibits a similarity of features, as among a miserable race called Caggets, inhabiting the hollows of the Pyrenees, whose district and history have been given us by M. Raymond, and as far off as Chinese Tartary, where it is represented as existing by Sir George Staunton.

On the first discovery of cretinism, it was ascribed by some to the use of snow-water, and, by others, to the use of water impregnated with calcareous earth: both which opinions are entirely without foundation. The first is sufficiently disproved by observing, that persons, born in places contiguous to the glaciers, and who drink no other water than what flows from the melting of ice and snow, are not subject to the disorder, and that Sir John Pringle and Captain Cook found melted snow or ice-water afford to seamen a peculiarly wholesome beverage: while, on the contrary, the disorder is observed in places where snow is unknown, as at Sumatra. The second is contradicted by the fact, that the common waters of Switzerland, instead of being impregnated with calcareous matter, excel those of most other countries in Europe in purity and flavour. "There is not," observes Dr. Reeve, "a village, nor a valley, but what is enlivened by rivulets, or streams gushing from the rocks. The water usually drunk at La Batia and Martigny is from the river Dranse, which flows from the glacier of St. Bernard, and falls into the Rhone; it is remarkably free from earthy matter, and well tasted. At Berne the water is extremely pure, yet, as Haller remarks, swellings of the throat are not uncommon in both sexes, though cretinism is rare."

As comfortable and genial warmth forms one of the best auxiliaries in attempting the cure of both cretinism and rickets, there can be no doubt, that the chill of snow-water, if taken as such, must considerably add to the general debility of the system when labouring under either of these diseases, though there seems no reason for supposing that it would originate either. It is not difficult to explain why water impregnated with calcareous earth should have been regarded as a cause: for in cretinism, as in rhachia, the calcareous earth designed by nature for building up

foetal growth and nourishment, from the blood of the mother, before the birth of the foetus, and consequently before chyle is formed from food; and that this process continues for a short time after birth, the quantity of fluid secreted from the thymus gradually declining as chylification becomes perfectly established?" (p. 44.) The anatomical observations, which are quite original, are very curious and instructive. — ED.

the bones, is often separated, and floats loose in various fluids of the body, for want of a sufficiency of phosphoric acid to convert it into a phosphate of lime, and give it solidity. And as it is, in consequence hereof, pretty freely discharged by the urine, it seems to have given rise to the opinion, that such calcareous earth was introduced into the system with the common beverage of the lakes or rivers, and produced the morbid symptoms.

M. de Saussure has assigned a far more probable cause of the disease in referring us to a few other physical features of the Alpine districts, in which it makes its appearance chiefly. The valleys, he tells us, are surrounded by very high mountains, sheltered from currents of fresh air, and exposed to the direct, and, what is worse, the reflected rays of the sun. They are marshy, and the atmosphere is hence humid, close, and oppressive. And when to these chorographical causes we add the domestic ones, which are also well known to prevail very generally among the poor of these regions, such as meagre, innutritious food,—concerning which we have already spoken under bronchocele,—indolence, and uncleanness, with a predisposition to the disease from an hereditary taint of many generations, we can sufficiently account for the prevalence of cretinism in such places, and for the most humiliating characters it is ever found to assume.

The general symptoms of cretinism are those of rhachia; but the disease shows itself earlier, often at birth, and not unfrequently before this period, apparently commencing with the procreation of the fetus, and affording the most evident proofs of ancestral contamination.* The child, if not deformed and cachectic at birth, soon becomes so; the body is stunted in its growth, and the organs in their developement; the abdomen swells, the skin is wrinkled, the muscles are loose and flabby, the throat is covered with a monstrous prominence, the complexion wan, and the countenance vacant and stupid. The cranium bulges out to an enormous size †, and particularly towards the occiput, for it is sometimes depressed on the crown, and at the temples; insomuch that to a front view the head, in some cases, appears even diminutive. The blunted sensibility of these wretched beings renders them indifferent to the action of cold and heat, and even to blows or wounds. “They are generally,” observes M. Pinel, “both deaf and dumb. The strongest and most pungent odours scarcely

GEN. IV.
SPEC. I
Cyrto-
cretinismus.

Remote cause
assigned by
Saussure.

Commence-
ment and
progress of
cretinism.

Why a front
view of the
head appears
diminutive.

Miserable want
of sensation,
and of mental
powers.

* The hereditary nature of cretinism is not universally acknowledged: thus, Dr. Bostock mentions cretinism “as one of the most remarkable examples of the influence of external circumstances both upon the physical and intellectual powers. It consists,” he observes, “in a state of mental imbecility, combined with, and probably depending upon, a malformation of the bones of the head. It appears to be generated by something peculiar to the atmosphere of the confined valleys, and *does not seem to be hereditary.*” (Elem. Syst. of Physiology, vol. iii. p. 295.) If, however, this affection depends upon malformation of the skull, one would conclude that the other alleged causes must be abandoned. — ED.

† This statement disagrees with the account given by Larrey of the cases which he saw, and particularly examined in the valley of Maurienne. In all these examples, the cranium was remarkably diminutive. The thickness, also, noticed in the bones of the cranium, is repugnant to some of our author’s statements respecting the impediment to the secretion of lime in the bones. On the whole, it does not appear that there is any resemblance, or any essential connection, between rickets and cretinism. — ED.

GEN. IV.
SPEC. II.
Cyrtois
cretinismus.

affect them. I know a cretin who devours raw onions and even charcoal with great avidity; a striking proof of the coarseness and imperfect developement of the organ of taste. Their organs of sight and feeling are equally limited in their operation. Of moral affections they seem wholly destitute; discovering no signs of gratitude for kindness shown to them, nor any attachment to their nearest relations."

Medical
treatment.

The medical treatment, if medicine can ever be of any avail, should be conducted upon the principles and consist of the process laid down under the preceding species.

GENUS V.

OSTHEXIA.

OSTHEXY.

SOFT PARTS MORE OR LESS INDURATED BY A SUPERFLUOUS
SECRETION AND DEPOSIT OF OSSIFIC MATTER.

GEN. V.
Origin of the
generic name.

OSTHEXIA is derived from ὀστέωδης, "osseous or bony," and ἕξις, "habitus or habit," — "ossific diathesis or idiosyncrasy." This morbid affection, though repeatedly alluded to and described by miscellaneous writers, has seldom been attended to in nosological arrangements. It does not occur in Dr. Cullen's Classification; but he alludes to it in his "Catalogue of omitted Diseases," as one of those which he thinks ought not to be omitted.

Physiological
remarks.

We have had various occasions for remarking, that, as the calcareous earth, which gives compactness and solidity to the skeleton of the animal frame, becomes waste, and is consequently absorbed and carried off, it is necessary that there should be an equal and regular supply of the same material. This is partly obtained from the lime which enters, in some proportion or other, into almost every kind of nutriment on which we feed: but it seems to be obtained also, and perhaps in a larger proportion, by some chemical elaboration out of the constituent principles of the blood itself: for a healthy animal of any kind appears to supply itself with the requisite quantity of bony earth whatever be the nature of its food, and though the soil on which it is grown contains no lime whatever, as is the case in several of the Polynesian Islands, and throughout the whole of New South Wales, on the hither side of the Blue Mountains.

Calcareous
earth in osthexy
produced in
excess, and de-
posited in
single organs,
or over the
whole frame.

In several of the preceding genera we have seen that this material is produced or secreted in deficiency; on the contrary, in the species appertaining to the present genus, it is produced or secreted in excess; and deposited, sometimes in single organs for which it is not naturally intended, and sometimes throughout the system at large, occasionally in the parenchyma or general

substance of organs, and occasionally in the membranes or tunics by which they are covered and protected, or in the vessels by which they are furnished with their proper stores. GEN. V.
Osthexia.

We see much of this irregularity in old age. The excernent vessels of both sets, absorbents and secretories, partake of the common debility and torpitude of this advanced period. Hence, in all probability, a smaller quantity of lime, as of every other secerned material, is formed at this period, than in the earlier and more vigorous stages of life: but, however small the quantity, it is not carried off with adequate freedom by the debilitated absorbents, and is apt to stagnate, first in the bones themselves, which, as we have already observed, are hereby rendered unduly impacted and brittle, and next in other parts of the system, especially between the muscular and internal coats of the arteries, which are hereby often rendered rigid or even ossific. Ossification in old age, not from excess of the material, but from a torpitude of the secernents and absorbents.

This is a natural consequence of the debility of advancing years. But we not unfrequently meet with a like effect in the earlier stages of life, and in persons of the fullest and most vigorous health: in which case, the lime, thus profusely and erratically deposited, is produced and secreted in excess, and consequently by a state of action the very reverse of that we have thus far contemplated. When osthexy occurs in earlier life and in vigorous health excess of secretion unquestionable.

The mischief, thus originating, lays a foundation, as it appears in the parenchyma, or in the membranes or vessels of organs, for two very distinct trains of symptoms, and may be contemplated under the two following species:—

1. OSTHEXIA INFARCIENS.

PARENCHYMATOUS OSTHEXY.

2. ——— IMPLEXA.

VASCULAR OSTHEXY.

SPECIES I.

OSTHEXIA INFARCIENS.

PARENCHYMATOUS OSTHEXY.

OSSIFIC MATTER DEPOSITED IN NODULES OR AMORPHOUS MASSES,
IN THE PARENCHYMA OF ORGANS.

THE most common organs in which calculous concretions are found, are the kidneys and the bladder; but, as in these they form detached and unconnected balls, and are intimately united with local symptoms or a morbid state of these organs, and constitute only one of various kinds of concretions, it will be most convenient to consider them when treating of the particular diseases to which they give rise, or of which they are prominent symptoms. *

GEN. V.
SPEC. I.

Found most commonly in the kidneys and bladder: but here detached and with peculiar symptoms.

* Most of the concretions formed in the kidneys and bladder, do not consist of lime, or ossific matter, but of lithic acid; and even some of those which contain lime, are composed, not of the phosphate or carbonate, but of the oxalate of lime. Such is the nature of what are called *mulberry calculi*. — ED.

GEN. V.
SPEC. I.
Osthexia
infarciens.

Found inter-
iorly, mostly
in the pineal
gland.

Often found in
other organs.

Found in the
globe of the
eye.

General patho-
logy already
given.

The organ, in whose interior fabric the present concretions are most usually found, seems to be the pineal gland; of which almost all the medical and physiological journals, as well domestic as foreign, give numerous examples, as do likewise Diemerbroeck, De Graaf, Schrader, and other monographists. In this gland they have also been found in other animals than man, chiefly those of the deer kind.

Such deposits are also frequently found in various other parts of the substance of the brain; in the lungs*; in the substance of the heart, in one instance weighing two ounces†; in the thymus gland‡; in the thyroid§; in the parotid||, the sublingual, and most other glands¶; in the deltoid and most other muscles: nor is there an organ in which ossification** have not been traced on different occasions. Paullini records one instance of an ossified penis: in the Ephemera of Natural Curiosities, we meet with another††; and M. Forlenze has lately met with an extensive ossification in the globe of the eye. The sclerotic was natural, but not only the crystalline lens, which is often found in this state, but the iris and the vitreous humour were completely ossified.‡‡

The general pathology we have already given: the symptoms and effects vary to infinity. Most of the above cases seem to have occurred after the meridian of life.

SPECIES II.

OSTHEXIA IMPLEXA.

VASCULAR OSTHEXY.

OSSIFIC MATTER DEPOSITED IN CONCENTRIC LAYERS IN THE TUNICS OF VESSELS OR MEMBRANES, RENDERING THEM RIGID AND UNIMPRESSIBLE.

GEN. V.
SPEC. II.
All the vessels
and membranes
subject to
earthy deposits
from causes
already stated.

ALL the vessels and membranes, as well as the more massy or complicated organs of the body, are subject to deposits of phosphate or carbonate of lime, from the causes already pointed out: some of which are those of weak and others of entonic action;

* Baillie, Morb. Anat., fasc. II. pl. 6.

† Burnet, Thesaur. Med. Pract., III. 254.

‡ Act. Med. Berol., tom. I. dec. III. 28.

§ Contuli, de Lapid., &c.

|| Plater, Observ., lib. III. 707.

¶ Haller, Pr. de induratis corp. hum. partibus. Göett. 1753. Pranser, Diss. de induratione corp. in specie ossium. Leips. 1705.

** Sometimes the author seems to employ the term *ossification* as synonymous with any *calculus* or *earthy formation*, which is by no means correct. In the process of ossification, a peculiar action of the secernent vessels is essentially concerned; but the production of a calculus in the bladder, salivary ducts, urethra, &c. may arise from a deposit of certain elements, or principles, contained in the urine or saliva. — ED.

†† Dec. II. ann. v.

‡‡ Dict. des Sciences Médicales, art. Cas Rares. Many other similar cases are on record, and a very remarkable one is described by Scarpa, in his work on Diseases of the Eye. — ED.

the former operating upon the debilitated and the aged, the latter upon the young and vigorous who labour under a peculiar diathesis or predisposition to the formation of bony earth. The chief modifications appertaining to this species, may be contemplated under the following varieties:—

GEN. V.
SPEC. II.
Osthexia
implexa.

- | | |
|-----------------------|--|
| α Arterialis. | Ossification of the aorta or other large arteries. |
| Arterial osthexy. | |
| β Membranacea. | Ossification of membranous or connecting parts. |
| Membranous osthexy. | |
| λ Complicata. | Ossification of different parts simultaneously. |
| Complicated osthexy. | |

Where the DEPOSIT TAKES PLACE IN THE AORTA, it is rarely confined to this artery alone, but spreads to some parts of the heart, and, perhaps, to the pulmonary, or some other large artery as well. Dr. Baillie gives an instance, in which a considerable portion of the right ventricle and right auricle of the heart was simultaneously affected*; and Morgagni another, in which the ossification extended to the valves, and this too without having produced in the patient either palpitation or dyspnœa.† So wonderfully is the instinctive or remedial power of nature capable, in various instances, of accommodating the general system to morbid changes.

α O. implexa
arterialis.

When in the
aorta rarely
confined to it.
Exemplified.

We have other examples of the trunk of the aorta being wholly ossified‡, and in one case, so rigidly, both in its ascending and descending branches, as to compel the sufferer to maintain an erect position.§

The most troublesome of the membranous ossifications are those of the pleura, of which an example is given by Dr. Baillie in his *Morbid Anatomy* ||: though the trachea affords at times severe and even fatal examples of this affection ¶, in consequence of the stricture which is hereby occasionally produced. Mr. Chester gives a singular case of the spread of this disease over the thoracic duct, the ileum, and other abdominal viscera.

β O. implexa
membranacea.

Yet, in the structure of the arteries, ossification is found more frequently than in any other organ, with the exception of the pineal gland: the cause of which seems to have been regarded as very obscure by Dr. Baillie, and especially when compared with the very few instances in which ossification takes place in the veins.** Yet a probable cause may be pointed out; and it appears to have been first glanced at by Dr. Hunter, and was afterwards followed up with much patient investigation and accuracy of research by Mr. Cruikshank. The former used to send round at his lectures a preparation of the patella, in which he demonstrated that the ossification of that bone began in the arteries running through the centre of the cartilage which, in young subjects, supplies the place of a bony patella. Mr. Cruikshank, on prosecuting the subject, discovered, that all other bones ossify in the same manner, and made preparations in proof of this fact; dis-

Yet the disease
found more
frequently in
the arteries
than in any
part, except the
pineal gland:
why found thus
freely, illus-
trated.

* *Morb. Anat.*, fasc. v. pl. 2.

† *De Sed. et Caus.*, Ep. xxiii. 11.

‡ *Buchner, Miscel.* 1727, p. 305.

§ *Guattani, de Aneurismate*, &c.

|| *Fascic. ii.* pl. i.

¶ *Kirkring, Specileg. Anat.*, obs. 27.

** *Wardrop's edition of his Works*, vol. i. p. 43.

GEN. V.
SPEC. II.
β *O. implexa*
membranacea.

Ossification
of arteries.

tinctly showing, that the ossification of bones is not only begun, but carried on and completed by the ossification of their arteries.

[That cartilages ossify in consequence of the deposition of lime in them by the arteries is a doctrine now perfectly established; but, the statement concerning the primary conversion of these arteries themselves into bone, is one that is not at present generally entertained. The internal coat of the arteries, or, to use Bichat's more comprehensive expression, the internal membrane of the whole system of scarlet blood, is noted for its singular tendency in elderly persons to ossify. Bichat calculated, that in every ten subjects past their sixtieth year, the arteries of at least seven have earthy incrustations on them. These ossifications, which never have any thing to do with the proper fibrous, or middle coat, always begin upon the external surface of the internal coat; for the incrustation is constantly lined by a thin pellicle, which intervenes between it and the circulating blood, and is obviously the internal coat itself. It is also a remark made by the same physiologist, that these calcareous depositions are not regulated by the laws of common ossification, the cartilaginous state rarely preceding them. The earthy matter is always deposited in detached plates, or scales, of greater or lesser breadth; and the whole artery is seldom converted into one continued solid tube. Thus, the portions of the internal coat, between the scales, was considered by Bichat as so many articular bands; the arteries thus ossified being composed of numerous pieces, moveable upon each other, and capable in a certain degree of yielding to the impulse of the circulation.

While these earthy plates continue thin, the inside of the artery retains its natural smoothness; but, when they become thicker, they project into the cavity of the vessel. The thin pellicle covering them, and continuous with the artery, now breaks on a level with their circumference, so that they then adhere merely by their external surface to the proper fibrous coat. Thus, their circumference becomes unequal and rugous; and, if they be numerous, the whole inner surface of the artery is studded with asperities. This course of the disease is frequently exemplified at the origin, and even in other parts of the aorta. The rupture of the inner coat is facilitated by its natural fragility. The ramifications are less frequently the seat of these earthy incrustations, than the trunks; and, as they never occur in the capillary system, Bichat was inclined to think, that the common membrane of the system of red blood, in other words, the inner coat of the arteries, does not extend to the capillaries. In the heart, it is frequently affected, particularly where it forms the aortic and mitral valves. The disease is less common on the inner surface of the left ventricle, auricle, and pulmonary veins, though Bichat had seen instances of it in the latter. This general disposition to ossification is a clear proof, that the nature of this membrane is every where similar. Bichat imputes the frequent intermission of the pulse in old age to ossification of the lining of the heart: ossifications at the commencement of the aorta also disturb the circulation; but those of arterial trunks and branches produce no derangement of it.

It is one of Bichat's doctrines, that ossification of the common membrane of the system of red blood, is essentially different from those which happen in other parts, inasmuch as it is, as it were, a natural change; whereas others seem accidental, and are often preceded by inflammation. They are not the result of old age; but often take place in young persons. He admits, that the common membrane of the system of red blood does sometimes ossify in the early stages of life; but much less frequently than in old age. An ossification of the mitral valves, with which an old man lives very well, and which merely causes an intermission of his pulse, produces the most grievous effects in a younger person,—difficulty of breathing, frequent risk of suffocation, cough, irregular pulse, necessity for constant extension of the trunk, and, in an advanced stage of the case, anasarca, effusion of serum in the chest, spitting of blood, &c.* In the arteries of the abdominal viscera of old subjects, the internal coat is sometimes wrinkled and peculiarly brittle.†]

One of the most extensive appearances of this habit acting morbidly on the tunics of vessels, is related by Dr. Heberden‡, in the case of a very old man, who at last died suddenly, as well indeed he might, since almost the only viscus that was found, on examination, to be in a healthy state, was the liver. The internal carotid and basiliary arteries, with many of their primary branches were ossified. Through the substance of the lungs, which firmly adhered to their walls, were scattered small calculous tumours. In the heart the valves of the left auriculo-ventricular opening were partially ossified, those of the aorta completely so, and small depositions of bony matter were found in the tendinous portions of the carneæ columnæ. The coronary artery was ossified through its whole extent. The descending thoracic and abdominal aorta, with all their primary branches, were converted into cylinders of bone, as were the external and internal iliacs. It is not necessary to pursue the description into the morbid appearances of almost every other organ: and I shall only observe farther that, though the substance of the brain was healthy, the ventricles contained about eight ounces of water. And yet, with all this extent of diseased structure, the patient appeared almost to the last to be of a sound constitution and free from the usual infirmities of advanced age, with the exception of an habitual deafness; and he attained upwards of fourscore years of age.

Where this diathesis prevails very decidedly, it sometimes converts, not merely the vessels, but the whole of the tendons and the muscles into rigid bones, and renders the entire frame as stiff and immovable as the trunk of a tree. There is a striking illustration of this remark in a case communicated to the Royal Society by Dr. Henry of Enniskillen.§ The patient was a day labourer, who had enjoyed good health till the time of his being attacked by this disease. It commenced with a pain and swelling in the right wrist, which gradually assumed a bony hardness, and extended up the course of the muscles as high as the elbow, the

GEN. V.

SPEC. II.

β O. implexa membranacea.

A natural change.

γ O. implexa complicata.

Singular example.

The patient sometimes so stiffened as to lose all power of motion.

Exemplified

* See Anat. Gén., t. i. p. 281.

† Soemerring de Corp. Hum. Fabr., t. v. p. 58.

‡ Med. Trans., vol. v. art. xiii.

§ Phil. Trans., vol. li. year 1759.

GEN. V.
SPEC. II.
γ O. implexa
complicata.

Medical
treatment.

Salivation of no
use.

Warmth, a
generous diet,
and tonic plan
of medicines
requisite.

Where the dis-
ease occurs in
the middle and
vigour of life, a
reducent plan
necessary, with
copious allow-
ance of diluent
drinks : a free
use of acids in
both.

whole of which were converted into a like hardness, and were of double their natural size. The left wrist and arm followed the fate of the right : and the line of ossification next shot down to the extremities of the fingers on both sides, and afterwards up to the shoulders, so that the joints were completely ankylosed, and the man was pinioned. At the time of communicating this history, the same ossific mischief had attacked the right ankle, with a like degree of pain, swelling, and bony induration up the course of the muscles : in which state, the man was discharged from the hospital as incurable, after salivation had been tried to no purpose.

Salivation has, indeed, often been tried, probably from its success in removing venereal nodes ; but it does not seem to have been of much avail.

We have pointed out two opposite causes, or rather states of body, in which a tendency to ossification chiefly shows itself. One is that of general debility, and the other of an entonic action, in the assimilating organs which are chiefly concerned in the fabrication or separation of lime : and in laying down any plan for relief, it seems necessary to attend to this distinction. Where debility becomes a predisponent of morbid ossification, it is mostly a result or concomitant of old age, a scrofulous diathesis, or atonic gout : and, in all these cases, warmth, a generous diet, and tonic course of medicines will form the most reasonable curative plan that can be pursued ; and that which will tend most effectually to stimulate the absorbents, and prevent that retardation of bony earth in the lymphatics and vasa vasorum, on which we have already shown the disease to depend in this modification of it.

On the contrary, where it occurs in the middle and vigour of life, and, we have reason to believe, from the existence of too much action in vessels which we cannot very accurately follow up, a reducent plan will be far more likely to prove successful. We should bleed and move the bowels freely, and restrain the patient to a low diet, with a copious allowance of diluent drinks.

And, in both cases, with a view of dissolving, as far as we are able, the calcareous matter that may morbidly exist in the system already, or be on the point of entering into it, we should prescribe a free use of the mineral or vegetable acids, as already recommended under *PAROSTIA fragilis*.

CLASS VI.
ECCRITICA.

ORDER II.
CATOTICA.

DISEASES AFFECTING INTERNAL SURFACES.

PRAVITY OF THE FLUIDS, OR EMUNCTORIES THAT OPEN INTO
THE INTERNAL SURFACES OF ORGANS.

CATOTICA is derived from κάτω, “infra,” whence κατώτερος and κατώτατος, “inferior,” and “infimus.” The Order includes four genera, as follow, some of which will be found of extensive range:—

CLASS VI.
ORDER II.
Origin of
ordinal term.

- I. HYDROPS.
- II. EMPHYSEMA.
- III. PARURIA.
- IV. LITHIA.

DROPSY.
INFLATION. WIND-DROPSY.
MISMICTURITION.
URINARY CALCULUS.

GENUS I.
HYDROPS.

DROPSY.

PALE, INDOLENT, AND INELASTIC DISTENSION OF THE BODY,
OR ITS MEMBERS, FROM ACCUMULATION OF A WATERY
FLUID IN NATURAL CAVITIES.

HYDROPS is a Greek term (ὕδρωψ) importing an accumulation of water: and, in nosology, there is no genus of diseases that has been more awkwardly handled. The term hydrops does not occur in Sauvages, Linnéus, or Sagar, and only once in Vogelin—the compound hydrops *scroti*. Linnéus connects anasarca and ascites, its chief species, with tympanites, polysarcia, or corpulency, and graviditas or pregnancy, into one ordinal division, which he names TUMIDOSI, and of which these constitute distinct genera. Sagar arranges all the same under the ordinal division CACHEXIÆ.

GEN. I.
Origin of the
generic term.

Synonyms:
and examina-
tions of former
arrangements.

GEN. I.
Hydrops.

Vogel pursues the same plan, with the omission of graviditas or pregnancy, which he does not choose to regard as a cachexy. Sauvages employs the term *hydropes*, but only in connection with *partiales*, in order to restrain it to local dropsies: so that, with him, ascites is a hydrops, but anasarca is not a hydrops, and does not even belong to the same order: it is an *intumescencia*, under which, as in the arrangement of Linnéus, it is united with corpulency and pregnancy; while hydrops *thoracis* is an *anhelatio*, and occurs in a distinct place and volume.

Hydrops first
employed by
Boerhaave in
its present
scope.

Dr. Cullen has certainly, and very considerably improved upon his predecessors in this range of diseases. After Sauvages, he takes *INTUMESCENTIÆ* for the name of his order; but divides it into the four sections of *adiposæ*, *flatuosæ*, *aquosæ vel hydropes*, and *solidæ*; while under the third section (the *aquosæ vel hydropes*) he introduces all the family of dropsies, whether general or local, instead of sending them, with those who preceded him, to different quarters. It would, however, have been a much greater improvement, and have added to the simplicity he aimed at, to have employed hydrops as a generic, instead of hydropes as a tribal or family term. It is to Boerhaave we are indebted for the first use of hydrops as employed in the present method; and he has been followed by Dr. Macbride and Dr. Young, with a just appreciation of his correctness.

The species of this genus, which extend over the body generally, or almost all the different parts of it are the following:—

1. HYDROPS CELLULARIS.	CELLULAR DROPSY.
2. ——— CAPITIS.	DROPSY OF THE HEAD.
3. ——— SPINÆ.	————— SPINE.
4. ——— THORACIS.	————— CHEST.
5. ——— ABDOMINIS.	————— BELLY.
6. ——— OVARI.	————— OVARY.
7. ——— TUBALIS.	————— FALLOPIAN
	TUBE.
8. ——— UTERI.	————— WOMB.
9. ——— SCROTI.	————— SCROTUM.

Before we enter upon a distinct view of the history and treatment of these several species, it may be convenient to give a glance at the general pathological principles which apply to the whole.

All dropsies
from like
causes.

Predisponent
cause: remote
causes
numerous.

All dropsies proceed from similar causes, which, as they are general or local, produce a general or local disease. The common predisponent cause is debility.* The remote causes are very numerous, and most of them apply to every form under which the disease makes its appearance; for the accumulation of watery

* This doctrine is rapidly declining. Dr. Armstrong justly observes, that "it is a very important part of modern pathology to ascertain the causes of certain symptoms. When dropsy was supposed to be a disease proceeding necessarily from weakness, almost all cases were fatal. But though experience has fully proved that the theory about weakness being the cause of dropsy is incorrect, it is surprising that such an idea still exists. Dropsy is a mere symptom—the effect of very different conditions." See *Lectures on the Morbid Anatomy, Nature, and Treatment of Acute and Chronic Diseases*, p. 841. 8vo. Lond. 1834. — ED.

fluid, which constitutes the most prominent symptom of the malady, may be produced by a profuse halitus from the terminal arteries occasioning too large a supply of that fine lubricating fluid, which, as we have observed in the Physiological Proem to the present Class, flows from the surface of all internal organs, and enables them to play with ease and without attrition upon each other *; it may be produced by a torpid or inactive condition of the correspondent absorbents, occasioning too small a removal of this fluid, when it has answered its purpose and is become waste matter; or it may be produced by each of these diseased conditions of both sets of vessels, operating at the same time; and it is to this double deviation from healthy action that Dr. Cullen applies the name of an hydropic diathesis.†

If we minutely attend to the histories of those who are suffering from this disease, we shall generally find, that they have for some time antecedently been labouring under debility, either general or local; that they are weakened by protracted fevers, or languishing under the effects of an unkindly lying-in; that they have unstrung their frames by a long exposure to a cold and moist atmosphere, or have worn themselves out by hard labour; or, which is still worse, by hard eating and drinking; or that they are suffering from habitual dyspepsy, or some other malady of the stomach or chylopoëtic organs, especially the liver, which destroys or deranges the digestive process, and hence lays a foundation for atrophy. And, for the same reason, innutritious or indigestible food ‡ is a frequent cause of some species of this disease: as is

GEN. I.
Hydrops.

Dropsy mostly
a disease of
debility: and
the nature of
the debility
often obvious.
Sources of
debility
enumerated.

* For a collection of fluid to take place, so as to constitute dropsy, the cavity in which the secretion occurs must either be completely closed, or, at all events, not permit the effused fluid to escape from the system. The cellular and adipose tissues, and the serous membranes, are therefore the only parts in which the collections of fluid, comprised under the generic term of dropsy, can be formed. Dropsies of mucous membranes are, indeed, sometimes treated of; but, as Andral explains, no disease of this nature can occur in them, unless their communication with the atmosphere be accidentally interrupted. Thus, the phrase *dropsy of the stomach* has been applied to cases in which the pylorus does not readily allow the alimentary matter to pass through it, and this matter being blended with the gastric secretions, a large accumulation of fluid is produced in the stomach. *Dropsy of the uterus* also denotes a case in which, from a contracted state of the os tincæ, an extraordinary quantity of fluid collects in the womb. Andral has seen one instance, in which, in consequence of an obliteration of the neck of the gall-bladder, this organ was distended, not with bile, but a limpid secretion, resembling serum. A small quantity of fluid is always met with in cavities lined by serous membranes, when a body is examined more than thirty hours after death: but this must not be mistaken for a dropsical disease; it is merely a transudation of the thinner parts of the blood, after life has terminated; referrible to the commencement of putrefaction, by which the texture both of the blood and the vessels is loosened. Sometimes the fluid that transudes in this way is colourless; sometimes tinged with blood. According to M. Gendrin, a larger quantity of fluid is generally effused after death in the serous cavities of young subjects than in those of adults, and especially of old persons. See Gendrin, *Hist. Anat. des Inflammations*; Andral, *Anat. Pathol.*, tom. i. p. 316.
— ED.

† Although dropsy may be attended with increased exhalation, or diminished absorption, it seemed to Dr. Bateman (and in his opinion the editor coincides), that an investigation of the various causes, capable of producing these morbid conditions, prove the exhalant vessels to be most commonly in fault; and that increased effusion is most frequently the source of dropsy.

‡ In a part of France which was desolated by famine a few years ago, and where the poor classes could get scarcely any thing but the most common vege-

GEN. I.
Hydrops.

Local debility often produces the same effect as general debility: where the weakened organ strongly sympathises with the affected exhalents.

Hence torpitude of the chylifactive viscera a cause from sympathy.

also great loss of blood from any organ, and especially when such discharge becomes periodical.* Copious and frequently repeated bleeding, for the relief of acute diseases, is also very commonly followed by dropsy.†

Where the digestive organs are in a very morbid state, dropsy may take place as a result of general debility; but it more commonly occurs from that peculiar sympathy which prevails so strikingly between the two ends of the extensive chain of the nutritive, or, in other words, the digestive and assimilating powers, which we had occasion to explain when treating of marasmus‡: the inertness and relaxation of the excrement vessels being, in this case, produced by the torpitude of the chylopoëtic viscera; and the usual forms of dropsy being those of the cellular membrane or of the abdomen. Hence a single indulgence in large draughts of cold drinks, and especially of cold water, when the system is

tables of the fields to eat, many of these persons became dropsical. (See Dr. Gaspard's account of the effects of this famine in Magendie's *Journ. de Physiologie*.) One of the first effects of this wretched diet would certainly be that of lessening the quantity of fibrinous matter in the blood. M. Andral, in his *Clinique Médicale*, tom. iii., has given an account of several persons who died of dropsy, and in whom no traces of any organic disease could be detected, the only remarkable circumstance being an entire absence of blood both from the large vessels and the capillaries, in lieu of which fluid they contained only a pale reddish serum. The rapid anasarca and dropsical swellings following the operation of certain poisons, especially those of particular reptiles, are ascribed by Andral to the action of such poisons on the blood, the altered quality of which is evinced by its incapability of coagulating. — Ed.

* That cellular and abdominal dropsy are, generally, associated with debility, can hardly be disputed; yet, as we see persons linger a long while in the most abject state of weakness, and at length die without exhibiting any signs of dropsy, mere weakness alone, however it may facilitate the occurrence of the disease, cannot be regarded as the essential cause. When disease of the liver, uterus, or lungs, brings on general impairment of the health, and, amongst other effects, ascites or anasarca, and universal debility and emaciation, we ought rather to look at the disease of the important organ primarily affected as the cause of the dropsy, than to the debility, which is itself only an effect. But, that debility sometimes cannot even be suspected as the cause of the effusion must be quite evident in cases where anasarca is plainly occasioned by pressure, obstructing the circulation in the large venous trunks, independently of any other disease. In examples of diseased liver, the origin of dropsy is mostly referred to obstruction of the circulation in the system of the vena portæ; a doctrine that furnishes another argument against the essential dependence of dropsy upon debility.

In individuals who become dropsical in the course of chronic diseases, Andral conceives it possible, that a state of the blood may exist similar to what happens in persons who have lost too much blood. In fact, in every disease of severity and long duration, this fluid becomes less plentiful, and less rich in fibrine. Yet, as is well observed, if this were the only true cause of the dropsy that occurs towards the end of many chronic diseases, why should that disorder so rarely attend pulmonary tubercles, the existence of which must so seriously alter the state of the blood? And on the contrary, why should it be so common in cancer of the womb? Andral affirmed, indeed, that chronic affections of the lungs, even such as are productive of an induration of the greater part of their parenchyma, are seldom, perhaps never, followed by dropsy, unless they happen to be complicated with some disease of the heart, or of some other part, operating as a cause. *Anat. Pathol.*, tom. i. pp. 330. 332. — Ed.

† Andral mentions a case in which large bleedings, practised for the cure of acute peritonitis, left the constitution in such a state, that the mere application of sinapisms to the thighs made them anasarcaous. — Ed.

‡ Vol. ii. Cl. iii. Ord. iv. Gen. iii. opening remarks.

generally heated and exhausted, has occasionally proved sufficient to induce dropsy in one of these forms; of which we have a striking example in the army of Charles V. during its expedition against Tunis; the greater part of it, as we are told by De Haen, having fallen into this disease in consequence of the soldiers having freely quenched their thirst with cold water, in the midst of great fatigue and perspiration.*

GEN. I.
Hydrops.

The sympathetic influence exercised over the exhalents by a morbid state of the uterus, is not less manifest: for, in chlorosis, the abdomen becomes tumid, and the lower limbs œdematous; and, on the cessation of the catamenia, cellular and abdominal dropsy are by no means uncommon.†

As also a
morbid state of
the uterus.

Such are the general causes of cellular dropsy, as well proximate as predisponent. But there are a few other causes, which it is necessary to enumerate, as acting occasionally, though the effects produced by some of them can hardly be called dropsy in the proper and idiopathic sense of the term.

Other supposed
occasional
causes:

In the first place, the absorbents are supposed by some pathologists, as M. Mezler ‡ and Dr. Darwin, to be at times affected with a retrograde action, and hence to pour forth into various cavities of the body a considerable mass of fluid, instead of imbibing and carrying it off. [To this hypothesis, however, the valvular structure of the lymphatics, not less than the real difference of their contents from the fluid of ordinary dropsy, is a fatal objection.] Next, the exhalents of an organ, though themselves in a state of health, may throw forth an undue proportion of fluid in consequence of some stimulus applied to them. The most common stimulus to which they are exposed, is distension, and that by a retardation of the blood in the veins, and a consequent accumulation in the arteries. This retardation or interruption of the flow of venous blood may arise from diseases of the right ventricle of the heart or its valves; from various affections of the lungs or their surrounding muscles; from an upright posture continued without intermission for many days and nights, as is often the case in monthly nurses; from a gravid uterus, whence the œdematous ankles of pregnant women; from disease of the liver or spleen; from obstruction of the veins, aneurisms in the arteries, or steatomatous or other hard tumours in the vicinity of the larger arterial trunks.

Retrograde
motion of the
absorbents.

Stimulus of
distension by a
retardation of
blood in the
veins.

Illustrated.

[The simple obstruction to the free passage of the blood through the veins, and the hindrance thus created to its ready transmission from the arteries into those vessels, will produce dropsy, was satisfactorily proved and illustrated by the experiments of Lower. He applied a ligature to the ascending vena cava of a dog, which occasioned its death in a few hours; and, upon dissecting the animal, a great collection of water was found in the abdomen. In other experiments, in which the jugular veins were tied, all the parts above the ligature became anasarcous, and not filled with extravasated blood, as had been erroneously anticipated.§ The

Obstruction
of veins.

* Rat. Med., part v. 38. 90.

† This explanation of the origin of dropsy from sympathy between the exhalent vessels and other organs, is quite hypothetical. — ED.

‡ Von der Wassersucht.

§ Tract. de Corde, cap. II.

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Hydrops.

obliteration of the principal vein of a limb, and of the collateral branches, will bring on anasarca; and so will the pressure of a large tumour, when it is such as interrupts the return of blood through the same vessels. With regard to this part of the subject, it is worthy of notice, that the extent and situation of the dropsical affection have a strict relation to the point where the venous circulation is obstructed. Thus, the obliteration of the femoral or axillary vein, brings on œdema of the corresponding lower or upper extremity. The editor has a preparation of obliterated crural vein, taken from a man who died in the King's Bench Infirmary, with a considerable œdematous swelling of the corresponding lower extremity, or rather a tumour somewhat resembling that of phlegmasia dolens. When the lower vena cava is obliterated, the two lower limbs become anasarcous; but no fluid is effused in the peritoneum, or, if any such effusion happen, it is not until an advanced stage of the disease, and always consecutively. On the contrary, if the blood cannot circulate freely in the several portions of the system of the vena portæ, whether in the liver, or out of it, the dropsy commences in the peritoneum. Lastly, if the venous circulation be obstructed at its very centre, the effect must be felt in every part of the system, and every where there must be a tendency to dropsy. This is what really happens in organic diseases of the heart.*]

Hence dropsy
of the ventri-
cles of the
brain in menin-
gic cephalitis.

Dynamic and
adynamic
dropsy.

In some cases, inflammation succeeds to distension, and the quantity of fluid poured forth is still more considerable. It is from this double source of stimulus, distension, and inflammatory action, that the ventricles of the brain become filled in meningic cephalitis, and the cavity of the pericardium occasionally in carditis; and hence Dr. Stoker, with a view of exemplifying and supporting the humoral pathology, has divided dropsies into two kinds, dynamic and adynamic; these evincing too much action, and those evincing too little †: while other writers have conceived, that dropsy consists, in every instance, of inflammation, or of an action analogous to it. ‡

* See Andral, *Anat. Pathol.*, tom. i. p. 330.

† *Pathological Observations*, &c. part 1. p. 16. *Dubl.* 8vo. 1823.

‡ Joseph Ayre, M.D., *Researches into the Nature and Treatment of Dropsy*, 8vo. *Lond.* 1825. Many facts prove, that one cause of dropsy is inflammation. "A child has inflammation of the brain, which runs its course in three weeks, and then the child dies; and the ventricles of the brain are found distended with fluid. Another child has symptoms of hydrocephalus internus, which goes on more insidiously; the bones give way; and the head becomes tremendously enlarged. It dies, and the body is examined. The convolutions of the brain are found unfolded, and there is an immense bag of fluid in the centre: this is what is called hydrocephalus chronicus, and it is most frequently the result of inflammation. You have examples of the same kind in the spinal cord from acute or chronic inflammation. Acute or chronic pericarditis occasionally ends by dropsy of the pericardium, or hydrops pericardii. Acute, subacute, or chronic inflammation of the pleura, very often leads to hydrothorax, or dropsy of the chest. A child becomes immensely dropsical from inflammation of the lungs, especially after scarlet fever. On examination of the bodies of phthisical patients, an effusion of fluid in the chest is often found. In acute, subacute, or chronic inflammation of the peritoneum, you find effusion in the belly, which is then called ascites. Upon the same principle hydrocele occurs, or effusion into the tunica vaginalis. Inflammation of the erysipelatous kind produces an effusion into the cellular membrane," &c. (See Armstrong's *Lectures on the Morbid Anatomy, Nature, and Treatment of Acute and Chronic Diseases*, p. 841.)

Thirdly, it is said, that the aqueous fluid of a cavity may be unduly augmented, and consequently dropsy ensue, from a rupture of the thoracic duct, or of a large branch of the lacteal vessels. These, however, are not common causes; [and, indeed, if an extravasation of the contents of the thoracic duct or lacteals were to happen, the case would have little analogy to dropsy, the fluid of which is neither lymph, nor chyle, but always a secretion from the exhalent arteries. Neither is it now generally admitted by modern physicians, that dropsy can originate from any impediment to the flow of the lymph towards the thoracic duct. Such a supposition could only be entertained, when that duct itself was obstructed, because the anastomoses of the lymphatics are so numerous, that the obliteration of some of them would not hinder the lymph from continuing to circulate. Now, in the few instances recorded of an obliteration of the thoracic duct, dropsy had not invariably taken place; and when it had, it might rather have depended upon various concomitant lesions. In every case of this kind observed by M. Andral, the course of the lymph in the duct was never completely stopped, but was continued through the medium of collateral branches, which quitted the duct below the obstruction, and joined it again higher up. Theory would also not lead us to suspect obstruction of the thoracic duct to be a cause of dropsy, inasmuch as the functions of the lymphatic system, and the source of the fluid which it contains, are far from being well understood.] *

GEN. I.
Hydrops.
Rupture of the
thoracic duct,
or lacteal
vessels.

Fourthly, rather in opposition to the results of some experiments made by modern physiologists, and already quoted in the Physiological Proem, the skin is said, at times, to be in a condition to absorb moisture too freely from the atmosphere†; the stomach is alleged, as in the case of *DIPSOSIS avens*, to demand too large a quantity of liquids to quench its insatiable thirst‡; and the blood is said to be in a state of preternatural tenuity§: and each of these conditions, it is affirmed, has occasionally proved a source of dropsy. The first of these unquestionably occurs at times during dropsy, and all of them may have operated as causes: but preternatural tenuity of blood, adequate to such an effect, is very

Absorption of
moisture from
the atmosphere:

insatiable thirst;
morbid tenuity
of the blood.

Dropsical swellings after scarlet fever, however, sometimes depend upon another cause, specified by Dr. Bright, as will be presently noticed.

It must, indeed, be acknowledged, that dropsy is frequently the effect of inflammation. In proof of this, we may observe with Andral (*Anat. Pathol.*, tom. i. p. 320.), that acute or chronic hydrocephalus is frequently merely a consequence of irritation of the texture of the brain; that certain examples of ascites are only the sequel of gastro-enteritis; and that when a mucous membrane or a portion of skin is inflamed, the adjoining cellular tissue often becomes œdematous. The same things are exemplified round an old ulcer, a blister, or even under a sinapism, when the constitution has been enfeebled by chronic disease. Yet it is not to be imagined, that because these cases may be so, every other dropsical affection is preceded either by inflammation or debility. — ED.

* See Andral, *Anat. Pathol.*, tom. i. p. 331.

† Erastus, *Disp.* iv. p. 206. De Haen, *Rat. Med.*, P. iv. p. 125. seq.

‡ Büchner, *Miscell.* 1730, p. 888. Mondschieu, p. 12.

§ Galen, *De Lymph. Caus.*, lib. iii. cap. viii. Van Swieten, ad Sect. 1229.

A state of general anemia, or extraordinary deficiency of blood in the system, has been noticed by Andral in several individuals, who were dropsical at the period of their deaths, and in whom no alteration of the solids could be detected. *Clinique Méd.*, tom. iii. p. 558. — ED.

GEN. I.
Hydrops.

uncommon, from any cause; and the remedial power of nature is at no loss for means to carry off a superabundance of fluidity introduced by any means into the system, provided the excrement function itself be not diseased.*

[M. Andral inclines to the opinion, that the origin of dropsy sometimes depends upon a diminution of exhalation from the skin and mucous membrane of the lungs, and of the secretion of urine. He is also disposed to believe, that the anasarca which often shows itself in the convalescence of scarlet fever, is owing to the suppression of cutaneous perspiration during the desquamation of the cuticle.† To Dr. Bright's different explanation of this case, we shall presently refer. If, however, a mere diminution of cutaneous exhalation were an efficient cause of dropsy, it might be supposed that the disease would be much more frequent than it is, and more under the control of atmospheric influence. Why also do we not find it the ordinary consequence of erysipelas, and other extensive affections of the skin, as well as of scarlet fever? M. Andral mentions, in support of his theory, that he has seen a

* On this part of the subject, our author's sentiments differ from those entertained by some medical writers of considerable eminence, among whom was the late Dr. Bateman. This judicious and respectable physician believed, that dropsy might be produced by an immoderate proportion of serous or watery fluids in the blood-vessels, more especially when conjoined with other causes known to be conducive to the disease. "The experiments of Dr. Hales," he observes, "establish the truth of this fact, as fully as those of Lower evince the effect of venous obstruction. Dr. Hales supposed, that water, being thinner than the red blood, would pass more readily from the extremity of the arteries into the veins; and he injected warm water into the arteries of dogs: the event did not answer his expectation; for the water did not return by the veins, but escaped through the exhalent arteries, through which the red blood could not pass, into the interstices of the cellular membrane, occasioning a dropsical swelling. (*Hæmastat.*, exp. 21.) When he persisted to inject water through a tube fixed in the carotid artery, although the jugular veins were cut longitudinally, the water did not issue freely by these apertures; but all the parts of the body began to swell; and an universal dropsy took place." (*Ibid.*, exp. 14. Art. DROPSY, Rees's Cyclopædia.) If a copious quantity of blood be taken away from an animal previously to the injection of water into the veins, much more of the latter fluid may be thrown into them before dropsy commences, than when no bleeding has preceded the experiment. On the other hand, if the animal be bled after the dropsy has been induced, the effusion of serous fluid will diminish, and the absorbents resume their wonted activity. The sudden disappearance of an ascites in a person who had an organic disease of the heart, was followed all at once by apoplexy, that proved fatal in a few hours. (Andral, *Anat. Pathol.*, tom. i. p. 321.) On dissection, no water was found in the peritonæum, nor any traces of extravasated blood in the brain; but the several ventricles were enormously distended with a limpid fluid. In this case, Andral concluded, that the effusion of water in the ventricles was owing to the redundancy of it produced in the circulation by its absorption from the abdomen. Andral refers to other instances, in which anasarca and dropsy of various serous cavities seemed to depend upon no organic disease, as far as dissection could trace it, but upon plethora of the whole system. He gives the particulars of one of these cases, which took place in a young man, about 30, full of strength and life, subject to frequent bleedings from the nose, with eyes habitually turgid, and an universally florid skin, that formed an odd association with the pitting of the subcutaneous cellular membrane. Andral thinks that the dropsy might probably have been removed, and the fatal termination prevented, by copious bleedings. (*Vol. cit.*, p. 325.) Dr. Armstrong also enumerates, as one of the causes of dropsy, an excessive quantity either of blood or a watery fluid in the circulation. (See *Lect. on the Morbid Anatomy, Nature, and Treatment of Acute and Chronic Diseases*, p. 843.) This form of dropsy, he says, is sometimes connected with inflammation, but sometimes it is not. — Ed.

† *Anat. Pathol.*, tom. i. p. 323.

case of dropsy, in which there was only one kidney.* On the other hand, the editor attended, with Dr. Smith and Mr. Baker, of Staines, a patient, in whom one kidney was completely destroyed, and the capsule converted into a cyst containing three pints of matter †; yet, no appearances of dropsy presented themselves, the single kidney seeming fully adequate to the function of both. But, notwithstanding this fact, no doubt can be entertained, that an interruption of the secretion of urine, carried to a certain degree, may be a cause of dropsy.

GEN. I.
Hydrops.

Besides the causes of dropsy ordinarily specified by writers, the kidneys are subject to certain alterations, which appear to Dr. Bright, for the following reasons, to be also, in many instances, the primary occasion of increased serous exhalation into the cellular tissue and great cavities. 1. In some cases from an early period, and, in a few, even before the dropsical effusion begins, symptoms of disorder in the kidneys are perceptible, consisting of pain in the region of those organs, tenderness, or bloody urine, and *in every instance albumen is discharged with the urine*. This last symptom is regarded by Dr. Bright as the pathognomonic sign of the variety of dropsy depending upon renal disease. 2. In some cases of dropsy, no sign whatever of disease of the liver, or of the heart and appendages, can be discovered during life, yet there is albuminous urine, and sometimes other more generally acknowledged signs of derangement of the kidneys. 3. After death, the kidneys are sometimes found to be the only important organs which have undergone morbid changes of structure; or, at all events, the liver, heart, lungs, and other organs, whose organic changes are known to occasion dropsy by obstructing the passage of the blood, are found in a state of health. 4. In the more numerous cases, in which other parts and organs, and particularly the liver, are also diseased, it often happens, that the derangement in the structure of the kidneys is much greater than anywhere else, and consequently of much longer standing, so as to show that the diseased state of the liver, or other parts, is secondary to that of the kidneys, if not produced by it. To these arguments, a critical writer has added another, deduced from the tendency of obstructed secretion of urine to produce dropsy. A few years ago, he attended a case of complete suppression, which lasted above two days: great anasarca was rapidly produced, and as rapidly receded, when, by means of copious blood-letting, purgatives, opium, and warm bathing, the secretion of urine was re-established.

Morbid changes
of the kidney
the cause of
dropsy.

Albumen in
the urine.

Kidneys some-
times the only
parts found
diseased after
death.

Sometimes the
organs first
affected.

Dropsical effu-
sion from sup-
pression of
urinary secre-
tion.

Morbid ap-
pearances of
the kidneys
described.

In dropsy from diseased kidney, Dr. Bright found three forms of organic derangement. In the first, or slightest, the kidney is not enlarged, but unnaturally soft, mottled yellow externally, and mottled grey and yellow internally. In a more advanced stage of this variety, portions of the kidney become consolidated, and externally rather tubercular, the projecting parts being paler than the rest of the surface, and incapable of having injection thrown into the arteries. In the *second* species of derangement, the cortical part of the kidney is gradually converted into a granular

* Clinique Méd., tom. iii.

† See Medical Gazette for Oct. 1830.

GEN. I.
Hydrops.

texture, with a white, opaque, interstitial deposit. In the early stage of this form, the texture of the kidney seems as if it contained fine sand, and is softer than natural. In the advanced stage, the granular structure is obvious externally, and also internally, when the kidney is cut open. At the same time, the organ is enlarged. The *third* variety is characterised by external roughness, arising from numerous small projections of a yellow, red, and purplish tint; and such kidneys have generally a lobulated form and semicartilaginous hardness. Dr. Bright has also seen connected with anasarca a preternatural softness, without any other change, and also a closure of the tubular structure by a white deposit.

Inflammatory
dropsies re-
ferred by Dr.
Bright to dis-
eased kidney.

Some of the cases of dropsy, termed inflammatory, Dr. Bright conceives to depend upon diseased kidney; as dropsy subsequent to scarlet fever, anasarca taking place at the approach of mercurial erethism, and dropsies following exposure to cold and wet in persons debilitated by frequent attacks of syphilis, drunkenness, and other excesses. *In all cases of renal dropsy, the urine is albuminous*, and frequently this is the only sign of the kidneys being diseased. According to Dr. Bostock's experiments, the secretion of albumen seems to be attended with a diminished secretion of urea and of the salts of the urine. It should be recollected, however, that albuminous urine is not necessarily connected with organic disease in the kidney*; and it is likewise met with in other diseases besides dropsy; but, in these, Dr. Bright has always found in the kidneys a change of structure analogous to what he remarked in dropsy. The morbid changes of those organs do not therefore necessarily bring on dropsy, though they may generally do so. *When, in dropsy, the liver, or heart, or both have been found diseased, and not the kidneys, Dr. Bright never observed the urine to be albuminous.*

In renal
dropsy, urine
albuminous.

In the renal variety of dropsy, the same author has frequently noticed a strong well-marked tendency to inflammation, particularly in the serous membranes, requiring vigorous treatment.† This will explain his observation respecting what are vaguely called inflammatory dropsies being generally dependent on, or rather associated with, morbid change of the kidney.

Urine found
not to be albu-
minous, where
the liver was
diseased.

In three cases of dropsy where the liver was diseased, and the kidneys were sound, Dr. Bright found that the urine was not albuminous; but whether this is a general fact can only be determined by further investigations.‡ According to Dr. Crampton, scanty

* See Prout on Diseases of the Urinary Organs, p. 39.

† See Bright's Reports of Medical Cases, 4to. Lond. 1827.

‡ On this interesting point, the editor avails himself of the sentiments of Dr. Elliotson, who believes, that if the kidney be organically affected, have a great congestion of blood in it, or be in an inflammatory state, the urine is generally albuminous. But, on the other hand, he does not think that the circumstance of the urine being albuminous, is a proof that the kidney is in this state, at least in a state of organic disease; because he has seen many persons cured of dropsy, and restored to perfect health, who had albuminous urine; and if the kidneys had been originally diseased, it is hardly possible to conceive that a recovery would have ensued: nor could congestion and inflammation of the kidney be suspected, because no symptoms of them existed. He is therefore of opinion, that, although it is possible that, in disease of the kidney, and in congestion of that organ, the urine may generally be albuminous, the converse cannot be said; viz., that, if the urine be albuminous, we must necessarily conclude that the kidney is in

urine, with high red sediments, is seldom wanting in cases connected with diseased liver; and many cases, the details of which he has published, tend to assign much importance to the early appearance of anasarca of the face, as an indication of the disease arising from disease of the heart or pericardium.*

From Dr. Bostock's researches it appears probable, that the form of disease in which a yellow or whitish matter is deposited in the natural structure of the liver, consists in the deposition of a principle nearly the same as the cholesterine of bile. It is also suspected, that a deposition of the same principle may occur in certain forms of diseased kidney already described. A critical writer mentions, that he lately found it in the fluid of a hydrocele, and also in the fluid of a large osseous cyst, into which one of the kidneys had been converted, in a case of dropsy. The inference is, that, in certain states of the constitution, the tendency to the production of cholesterine probably forms an important cause of various organic diseases.

In one diseased liver, chemically examined by Dr. Bostock, but in which case no dropsy existed, fatty matter, resembling tallow, was deposited in the meshes of the cellular tissue of that organ. And, in one example of protracted jaundice, accompanying tubercular liver and dropsy, the same distinguished physician found the bile of the gall-bladder to be of an orange-red colour, and thin consistence; and that the animal matter in it was almost entirely albumen: none of the usual elements of bile being traced in it.†]

From this diversity of causes we may reasonably expect that the dropsical fluid discharged by tapping should exhibit different properties, not only in different organs, but, in different cases, in the same organ. And hence, it is sometimes found nearly as thin as water, incapable of coagulating when exposed to heat, which only renders it turbid; while, at other times, it flows in a ropy state, and accords, upon exposure to heat, with the natural serum

GEN. I.

Hydrops.

Anasarca of the face an indication that the dropsy proceeds from diseased heart.

Cholesterine deposited in the diseased liver, occasioning dropsy.

Important share such deposition may have in various organic diseases.

Liver fatty, without dropsy.

Altered qualities of the cystic bile in a dropsical case.

The fluid of dropsy very different in different dropsies.

these diseased conditions. (See *Lancet* for 1830-31, p. 360.) The editor was consulted in the summer of 1830 for an anasarca in a young man under Mr. Hooper, of the London Road. Several medical practitioners had seen the patient, and very large quantities of water had been occasionally discharged by scarification. The cause of the disease seemed perfectly obscure, as there was no emaciation, no particular debility, the patient complained of no pain in any particular organ, ate well, slept well, and was free from all marks of diseased liver. About three months after the editor had seen him in this state, he died rather suddenly. On dissection, the kidneys were found to be diseased. — ED.

* See *Trans. of the Assoc. Physicians, Ireland*, vol. ii. pp. 150. 162. 166, &c.

† See *Bright's Reports of Medical Cases*, &c. 4to. 1827. After all, the causes of certain dropsies are perfectly obscure. In some cases there is, as Andral justly observes (*Anat. Pathol.*, tom. i. p. 332.), no proof of past or existing irritation; of any secretion being suppressed; any alteration of the blood; or any mechanical obstruction of the venous or lymphatic circulation. Such examples he divides into two classes: in one, the dropsy seems to be the primary disorder; in the other, it complicates the latter stages of several chronic affections, though in them the blood undergoes changes which make it resemble that condition of it which induces dropsy in individuals who have lost too much blood. A fancied loss of equilibrium between the action of the absorbents and of the secernent vessels; a presumed alteration in the organic sensibility of the absorbents; or the idea of an irritation affecting the secreting vessels, — he seems to think, are theories destitute of proof and real information. — ED.

GEN. I.
Hydrops.

Urine of drop-
sical patients.

of the blood. A similar discrepancy is discoverable in its colour or some other condition: for it has sometimes been found black and fetid*, bloody, sanious, milky†, green‡, yellowish, or peculiarly acrid.§ [The yellow tinge presented by it when there is jaundice, sometimes depends upon its containing a colouring matter analogous to that of bile. In particular cases, uric acid has also been detected in it.] According to Guattani and Steidele, it has sometimes appeared oily. || It has been occasionally so alkaline or ammoniacal as to turn syrup of red poppies green¶; and, according to Dr. McLachlan, has sometimes contained so much soda as by the addition of sulphuric acid to produce Glauber's salt** with little or no trouble.†† Dr. Willis has observed a great variety in the proportion of serum discharged by the urine of hydropic patients; and a variety so perpetually differing as to elude all his attempts, and they were many as well as judicious, to follow up and classify the discrepancies.‡‡

* Galeazzi, in Com. Bonon., tom. vi.

† Willis, Pharmaceutice Rationalis. Med. Com. of Edin., vol. v.

‡ Rücker, Comm. Lib. Nor., 1736.

§ Du Verney, Mémoires de Paris, 1701, p. 193.

|| Guat. de Aneurismatibus. Steid. Chirurg. Beobacht., b. i.

¶ De Haen, Rat. Med., P. xi. p. 214. ** Med. Comm. Edin., 9. 2.

†† Notwithstanding all this diversity, it may be said that the fluid effused either in cavities lined by serous membranes, or in the cellular substance, generally exhibits most of the physical qualities of serum. Like this, it is not spontaneously coagulable; but it may be coagulated by heat, acids, alcohol, and electricity. Its chemical composition is sometimes exactly similar to that of serum, there being in 1000 parts, 900 of water, 80 of albumen, and the remainder consisting of salts and an animal matter very like mucus. Sometimes it contains less water, and a much larger proportion of albumen, than the serum of the blood; and, in other instances, less albumen; occasionally not more than 20 or 24 parts of it in the 1000. There may even be a very minute proportion of it, indeed, in the fluid, which then consists almost entirely of water, with some salts in it. In certain cases, a modification of animal matter, the nature of which is not well understood, is blended with the liquid, and lessens its transparency. It sometimes presents itself in the form of flakes; sometimes in that of minute atoms, which render the whole of the fluid slightly turbid. Andral does not believe, that the flakes are necessarily connected with any state of irritation of the serous membrane of the dropsical cavity. — Ed.

‡‡ Trans. Medico-Chir. Soc., 1812.

SPECIES I.

HYDROPS CELLULARIS.

CELLULAR DROPSY.

COLD AND DIFFUSIVE INTUMESCENCE OF THE SKIN, PITTING
BENEATH THE PRESSURE OF THE FINGERS.*

THIS species includes three varieties, as it is general to the cellular membrane, limited to the limbs, or accompanied with a combination of very peculiar symptoms, and especially severe, and in most cases fatal, dyspnœa :—

GEN. I.
SPEC. I.

α Generalis. General dropsy.	Extending through the cellular membrane of the whole body.†
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* When the serous fluid is effused in considerable quantity, it produces a great deal of swelling, the part or limb undergoing, indeed, an enormous increase of size. In general, the fluid is most copious in depending situations, or those into which it gravitates, and also in parts where the cellular tissue is naturally loose and abundant. The skin, being over the cellular tissue in this state, is always of a paler colour than natural, and, on the distention being carried to a certain point, it is thinned, assumes a shining appearance, and not unfrequently bursts, so that a large quantity of the fluid from the neighbouring parts may thus be discharged. — ED.

† Cases of general dropsy of the cellular tissue are much less common than those of a partial extent, especially when the disorder does not depend upon some obstruction of the circulation, situated in the heart, or large blood-vessels. In numerous examples, only the lower extremities are affected; and even in others, where the dropsical effusion is universal, it almost constantly begins in the lower limbs. Dr. Bouillaud, by whom these statements are made, is evidently referring to the disease, as connected with a general cause; for certain causes of a local kind may make it take a different course. Instead of *cellular dropsy*, medical writers usually employ the term *anasarca*, which is said to prevail when the quantity of serous fluid in the cellular tissue is copious and more extensively diffused, though, strictly speaking, the cellular membrane of the whole body, or even of the greater portion of it, may not be involved. The serous fluid found in the cavities of the cellular substance, or the serosity, as it is termed by French pathologists, retains its usual properties, both chemical and physical, where the anasarca is free from complication; but, in particular cases, it is susceptible of changes, as where the disorder is or has been combined with chronic inflammation, or is of long standing. Thus, in one example mentioned by Dr. Bouillaud (*Dict. de Méd. et de Chir. Pratiques*, tom. i. p. 321.), in which the lower extremities of a woman had long been anasarcous, and as enormously swollen as if they had been affected with elephantiasis, the fluid in the cellular membrane was of a viscid kind, and intimately combined, as it were, with that texture and the skin, into the areolæ of which it had insinuated itself. It appears from a recent analysis of the blood and serum of patients labouring under anasarca, undertaken by Messrs. Brett and Bird, of Guy's Hospital, that the serum is deficient in albumen and its usual salts, while the urine not only has a great deficiency of urea, salts, and animal matter, but is peculiar in containing albumen. They infer from their experiments and observations, that urea, if it ever exist in the circulating fluid, cannot be a cause of the peculiar train of symptoms noticed in patients labouring under anasarca, with coagulable urine. (See *Med. Gaz.* for 1832-33, pp. 567—569.) The quantity of serous fluid in the cellular membrane of certain individuals, labouring under anasarca in a great and extensive degree, is supposed to be equal to what is contained in the peritoneum, in the largest specimens of ascites. When an incision is made in an anasarcous limb, the

GEN. I.
SPEC. I.
Hydrops
cellularis.

- β Artuum.
Œdema.
- γ Dyspnoica.
Dyspnetic dropsy.

Limited to the cellular membrane of the limbs, chiefly of the feet and ankles; and mostly appearing in the evening.
Œdematous swelling of the feet, stiffness and numbness of the joints; the swelling rapidly ascending to the belly, with severe and mostly fatal dyspnœa.

α H. cellularis
generalis.

β H. cellularis
artuum.
Œdema.

γ H. cellularis
dyspnoica : as
described by
Hunter in
Bengal.

It is under the first of these varieties, that cellular dropsy usually appears as an idiopathic affection. Where the intumescence is confined to the limbs, it is mostly a symptom or result of some other affection, as chlorosis, suppressed catamenia, or any other habitual discharge; a disordered state of the habit produced by a cessation of the catamenial flux; or the weakness incident to protracted fevers, or any other exhausting malady.
The third variety is introduced upon the authority of Mr. W. Hunter, and taken from his Essay, published at Bengal in 1804. The disease appeared with great frequency among the Lascars in the Company's service in 1801. Its attack was sudden, and its progress so rapid, that it frequently destroyed the patient in two days. From the description it does not seem to have been connected with a scorbutic diathesis; and Mr. Hunter ascribed it to the concurrent causes of breathing an impure atmosphere, suppressed perspiration, want of exercise, and a previous life of intemperance. All or any of these may have been auxiliaries, but the exciting cause does not seem to have been detected. It is a frequent symptom in beribery.

General pre-
disponent
cause.
Occasional
causes.
Disease com-
mon to all
ages, though
mostly to the
old.
Commence-
ment.

The second and third varieties, however, may be regarded as the opening and concluding stages of cellular dropsy: for, before the disease becomes general, it ordinarily shows itself in the lower limbs, and, in its closing scene, the respiration is peculiarly difficult, and forms one of its most distressing symptoms.
General or local debility is the predisposing cause, ordinarily brought on by hard labour, intemperance, innutritious food, fevers of various kinds, exhausting discharges, or some morbid enlargement of the visceral or thoracic organs, that impedes the circulation of the blood, and produces congestion and distention.
The disease is hence common to all ages, though most frequently found in advanced life: the œdema of the feet and ankles, with which symptom it opens, appears at first only in the evening, and yields to the recumbent position of the night. By degrees it becomes more permanent, and ascends higher, till not only the

depth or thickness of the subcutaneous cellular tissue is found to be vastly increased, sometimes to that of an inch or an inch and a half and more. From every point of the wound an abundance of serosity is seen to flow; and if a portion of the cellular tissue be compressed, the fluid issues out of it as from a wet sponge. The cavities of this tissue are increased in size, and while this part is thickened in the manner described, the skin itself is attenuated, pale, dry, and semi-transparent. The muscles of anasarctous individuals are also paler than natural, and, in cases of long standing, are even destitute of their usual red colour. See Bouillaud, in Dict. de Méd. et de Chir. Pratiques, tom. ii. p. 321.—ED.

thighs and hips, but the body at large is affected, the face and eyelids are surcharged and bloated, and the complexion, instead of the ruddy hue of health, is sallow and waxy. A general inactivity pervades all the organs, and consequently all their respective functions. The pulse is slow, often oppressed, and always inelastic: the bowels are costive, the urine for the most part small in quantity, and consequently of a deeper hue than usual: the respiration is troublesome and wheezy, and accompanied with a cough, that brings up a little dilute mucus, which affords no relief to the sense of weight and oppression. The appetite fails, the muscles become weak and flaccid, and the general frame emaciated. Exertion of every kind is a fatigue, and the mind, partaking of the hebetude of the body, engages in study with reluctance, and is overpowered with drowsiness and stupor.

An unquenchable thirst is a common symptom; and, when this is the case, the general irritation connected with it sometimes excites a perpetual feverishness, that adds greatly to the general debility. In some parts, the skin gives way more readily than in others, and the confined fluid accumulates in bags. At other times, the cuticle cracks, or its pores become an outlet for the escape of the fluid, which trickles down in a perpetual ooze. The difficulty of breathing increases partly from the overloaded state of the lungs, and partly from the growing weakness of the muscles of respiration: the pulse becomes feebler and more irregular, slight clonic spasms occasionally ensue, and death puts a termination to the series of suffering. Yet the progress is slow, and the disease sometimes continues for many years.

In attempting a cure of cellular dropsy, and indeed of dropsy in general, for it will be convenient to concentrate the treatment, we should first direct our attention to the nature of its cause, with a view of palliating or removing it.* We are next to unload the system of the weight that oppresses it: and lastly to re-establish the frame in health and vigour.

* Simple œdema, or swelling of the extremities, is often a symptom or result of some other complaint, as chlorosis or pregnancy, or some other cause of distension. In the two last cases, it may be palliated by bleeding, a recumbent position, and other means

* Cellular dropsy, as our author calls it, or anasarca and œdema, are conceived to be produced in two ways: in one, secretion that is regularly going on in the cellular tissue, is supposed to be quickened; in the other, there is an interruption or cessation of absorption. One anasarca is sometimes termed *active*; the other, *passive*. The disease is also divisible into two other forms: one of which depends upon a cause situated in the parts where the effusion takes place; the other upon a cause that is seated elsewhere. (See Bouillaud, in Dict. de Méd., &c. tom. i. p. 322.) The *active* varieties of anasarca, or those attended with increased secretion, are often thought to be connected with a process, or an increased action, somewhat similar to that of inflammation; while the *passive* forms of the disorder depend upon diminished activity of the lymphatic vessels. But, from what is stated in the Physiological Proem, it is questionable whether the lymphatics are the essential organs by which the serosity of the cellular tissue is absorbed. Many modern pathologists believe, indeed, that a mechanical impediment to the return of the venous blood is mostly, if not always, concerned in the production of these *passive* varieties of anasarca. Such impediment has hitherto been traced only in the large veins and their branches; but it may probably exist also in the minute venous ramifications, the organs by which the serum of the cellular membrane is not uncommonly suspected to be absorbed. — ED.

GEN. I.

SPEC. I.

Hydrops
cellularis.

Description.

Progress.

Termination.

Medical treat-
ment.General course
to be pursued.The cause to
be removed or
palliated wher-
ever possible.

GEN. I.

SPEC. I.

Hydrops
cellularis.
Treatment.

adapted to take off the pressure. In chlorosis, it can only be relieved by a cure of the primary affection. In like manner, general dropsy may be dependent upon a habit of intemperance, or a sedentary life, or innutritious food, or an obstinate fit of jaundice: and, till these are corrected, no medicinal plan for evacuating the accumulated water can be of any avail. For, if we could even succeed in carrying it off, it would again collect, so long as the occasional cause continues to operate.

The occasional cause, however, may no longer exist, as where it has been produced by a fever or an exanthem, that has at length ceased, though it has left the constitution an entire wreck. Or it may exist and be itself incurable, as where it proceeds from a scirrhus induration or some other obstruction of one of the larger viscera of the thorax or abdomen, or is connected with the morbid changes of the kidney very far advanced, as lately pointed out to the profession by Dr. Bright. In such cases, our object should be to remove with all speed the mischievous effects, and palliate the organic cause, as far as we are able, according to its peculiar nature, so that it may be less operative hereafter.

The mischiev-
ous effects to
be removed:

by internal
and external
means.

A removal of the accumulated fluid from the cellular membrane generally has been attempted by internal and external means, as hydragogues of various kinds, and scarification, or other cutaneous drains.

Internal means.

Hydragogues,
which may in-
clude purga-
tives, emetics,
diaphoretics,
and diuretics.

The HYDRAGOGUES, or expellents of water, embrace medicines of all kinds that act powerfully on any of the excretories, though the term has sometimes been limited to those, which operate on the excretories of the intestines alone. And it becomes us therefore to contemplate them under the character of purgatives, emetics, diaphoretics, and diuretics.

Purgatives
general and
supposed to be
specific.

General
purgatives.

The purgatives that have been had recourse to are of two kinds; those of general use, and those that have been supposed to act with some specific or peculiar virtue in the removal of the dropsical fluid.

Among the first we may rank calomel, colocynth, gamboge, scammony, jalap, and several other species of convolvulus, as the greater white bindweed (*convolvulus Sepium* Linn.): the turbeth plant (c. *Turpethum* Linn.): and the brassica *marina*, as it is called in the dispensatories (c. *Soldanella* Linn.). These may be employed as drastic purgatives almost indiscriminately, and their comparative merit will depend upon their comparative effect, for one will often be found to agree best with one constitution and another with another. We need not here except calomel, unless, indeed, where given for the purpose of resolving visceral infarctions; since, in any other case, it can only be employed in reference to its influence upon the excretories generally, and particularly those of the intestinal canal.

Purgatives
supposed to act
specifically.

The purgatives that have been supposed to operate with a specific effect in dropsies are almost innumerable. We must content ourselves with taking a glance at the following: grana Tiglia, or bastard ricinus; elaterium; elder, and dwarf elder; black hellebore; senega; and crystals of tartar.

Croton tiglium
or bastard
ricinus.

The CROTON *Tiglium*, or bastard ricinus, affording the grana Tiglia of the Pharmacopœias, is an acrid and powerful drastic in all its parts, roots, seeds, and expressed oil. The oil is of the same character as the oil of castor, but a severer and more acrimo-

nious purge; insomuch, indeed, that a single drop, prepared from the dry seeds, is often a sufficient dose; while a larger quantity proves cathartic when rubbed on the navel. In India, the seeds themselves have long been given as a hydragogue; two being sufficient for a robust constitution, one for a weaklier; and four proving sometimes fatal. By far the safest mode of giving it is in an alcoholic solution, as practised by Dr. Nimmo*, since, by such a diffusion, it has less chance of griping or producing inflammation.†

From the uncertainty and violence of the action of this plant, the ELATERIUM or inspissated juice of the wild cucumber is a far preferable medicine for the present purpose. Elaterium, itself, however, has been objected to as unduly stimulant: and both Hoffman and Lister, who as well as Sydenham strongly recommend it, observe that its effect in increasing the pulse is perceivable even in the extremities of the fingers. It is on this account that it seems chiefly to have been neglected by Dr. Cullen, who admits that he never tried it by itself, or otherwise than in the proportion of a grain or two in composition with other purgatives. And it is hence, also, that attempts have been made to obtain a milder cathartic from the roots of the plant by infusion in wine or water ‡, than from the dried fecula of the juice, which is the part ordinarily employed. Admitting the stimulant power here objected to, it would only become still more serviceable in cold and indolent cases from local or general atony; but, even in irritable habits, in cellular dropsy, I have found it highly serviceable in a simple and uncombined state, produced, as it ultimately appeared, and especially in one instance, from a thickening of the walls of the heart, in a young lady of only thirteen years of age. It is best administered in doses of from half a grain or a grain to two grains, repeated every two or three hours for five or six times in succession, according to the extent of its action. Evacuation by the alvine canal is the most effectual of any; nor can we depend upon any other evacuation, unless this is combined with it. §

GEN. I.
SPEC. I.
Hydrops
cellularis.
Treatment.

In an alcoholic
solution.

Elaterium or
juice of wild
cucumber.

* Journ. of Science, XIII. 62.

† According to Professor A. T. Thomson, "the most common form of giving the oil is that of a pill, formed by dropping the oil on crumb of bread; one or two drops proving a sufficient dose. Or it may be given with rhubarb, which readily absorbs the oil, and can be easily formed with a little water into pills. The purgative property of the rhubarb is scarcely felt in such small doses. This mode, however, of administering the oil has one disadvantage; namely, it is applied in too concentrated a state to the portion of the stomach on which it rests. I have found, that the taste and acrimony of the medicine are well covered by triturating the oil with mucilage and syrup of tolu, and diffusing it through the common almond emulsion." See Thomson's Elements of Materia Med., vol. ii. p. 345. — ED.

‡ Bouldue, Hist. de l'Acad. Royale des Sciences de Paris.

§ The active principle of elaterium, constituting $\frac{1}{12}$ of its weight, is termed *elatin*, the activity of which as a cathartic is almost incredible; for "it operates violently when only one minim of an alcoholic tincture, consisting of one grain of elaterium, dissolved in ninety-six minims of strong alcohol, is administered: thus, it operates in doses of less than the 96th part of a grain. Elatin has not, however, been employed in its pure state, even in the alcoholic solution, as a cathartic." (See Thomson's Elements of Materia Medica, vol. ii. p. 350.) The same physician has given elaterium in doses of $\frac{1}{6}$ of a grain, repeated every four hours, and he has known it bring about an evacuation of two gallons of fluid by stool, in the course of twenty-four hours. During its operation, it is necessary to keep up the patient's strength with ammonia and camphor, or wine. — ED.

GEN. I.
SPEC. I.
Hydrops
cellularis.
Treatment.
Sambucus
nigra and
s. Ebulus.
Elder and
dwarf elder.

The elder tree, and dwarf elder (*Sambucus nigra* and *S. Ebulus*) have been in high estimation as hydragogues by many practitioners. Every part of both the plants has been used ; but the liber or inner bark of the first, and the rob or inspissated juice of the berries of the last, have been chiefly confided in. Dr. Boerhaave asserts, that the expressed juice of the former, given from a drachm to half an ounce at a dose, is the most valuable of all the medicines of this class, where the viscera are sound ; and that it so powerfully dissolves the crasis of the different fluids, and excites such abundant discharges, that the patient is ready to faint from sudden inanition. Dr. Sydenham confirms this statement, asserts that it operates both upwards and downwards, and in no less degree by urine, and adds, that in his hands it has proved successful in a multitude of hydropic cases.* Dr. Brocklesby preferred the interior bark of the dwarf elder†, as Sydenham and Boerhaave did that of the black, or common elder. Dr. Cullen seems to have been prejudiced against both, though he admits that he never tried them‡: and it is chiefly, perhaps, from his unfavourable opinion of their virtues, that they seem in our own day to have sunk into an almost total disuse.

Melampodium
or black helle-
bore.

The melampodium or black hellebore was at one time a favourite cathartic in dropsies, and has the testimony of high authorities for having very generally proved efficacious and salutary. The ancients found the plant which they employed under this name so severe in its purgative qualities, that they were obliged to use it with great caution ; but we have reason to believe, that the black hellebore of the present day is a different production, as it is milder in its effects than the hellebore of Dioscorides, and different in some of its external characters. Its root was the part selected, and the fibres of the roots, or their cortical part, rather than the internal. These were employed either in a watery infusion or extract. Mondschein § preferred, on all occasions, the latter ; Quarin used either indifferently. || Bacher invented a pill which was once in very high reputation, and sold under his own name all over Europe, for the cure of dropsy, in which an extract of this root, obtained, in the first instance, by spirit, formed the chief ingredient ; the others being preparations of myrrh and carduus benedictus. These pills were said to produce a copious evacuation both by stool and urine ; and by this combined effect to carry off the disease. They have, however, had their day, and are gone by, apparently with too little consideration upon the subject ; for the experiments of Daignau and De Horne, and especially the successful trials in the French military hospitals, as related by M. Richard ¶, to say nothing of Dr. Bacher himself, do not seem to have excited sufficient attention. In our own country, since the days of Dr. Mead, the black hellebore has been limited to the list of emmenagogues, and, even in this view, is rarely employed at present. Whether the plant prove purgative, as has been as-

Bacher's pills,
what.

* Opp., pp. 627. 768.

† Œconom. and Med. Observ., p. 278.

‡ Mat. Med., vol. i. p. 534.

§ Von der Wassersucht, &c.

|| Animadversiones, &c.

¶ Recueil des Observations de Médecine des Hôpitaux Militaires, &c. tom. ii. 4to. Paris.

served, when applied to the body externally in the form of fomentations or cataplasms, like the croton, I have never tried. *

The seneka or senega (*polygala Senega* Linn.) was another medicine much in use about a century ago, and reputed to be of very great importance in dropsy, from its combined action upon the kidneys and intestines, and, indeed, all the excretories. It reached Europe from America, where it had been immemorially employed by the Senegal Indians, from whom it derives its specific name, as an antidote against the bite of the rattlesnake. The root of the plant is the part chiefly, if not entirely, trusted to, and this is given in powder, decoction, or infusion. M. Bouvart found it highly serviceable as a hydragogue, but observes that, notwithstanding this effect, it does not of itself carry off the induration or enlargement of infarcted viscera, and ought to be combined with other means. It was very generally employed by Dr., afterwards Sir Francis Milman, in the Middlesex Hospital, and has again found a place in the *Materia Medica* of the London College. There are unquestionable instances of its efficacy in the removal of dropsy, when it has been carried so far as to operate both by the bowels and the kidneys. It has, however, often failed; and, as Dr. Cullen observes, is a nauseous medicine, which the stomach does not easily bear in a quantity requisite for success.

A far more agreeable, if not a more effectual medicine in the case of dropsy, is the supertartrate or bitartrate of potass, in vernacular language the *creme* or crystals of tartar. In small quantities and very largely diluted with water, or some farinaceous fluid, it quenches the thirst most pleasantly, and, at the same time, proves powerfully diuretic. But it is as a purgative we are to contemplate it at present: and to give it this effect it must be taken in a much larger quantity, never less than an ounce at a dose, and often considerably above this weight. Thus administered, it proves powerfully cathartic, and excites the action of the absorbents in every part of the system far more effectually than is done by the influence of any entirely neutral salts. "I need hardly say," observes Dr. Cullen, "that, upon this operation of exciting the absorbents, is chiefly founded the late frequent use of the crystals of tartar in the cure of dropsy." † Dr. Cullen, in this passage, apparently alludes to the practice of Dr. Home, who was peculiarly friendly to its use, and in his *Clinical Experiments* relates twenty cases in which he tried it, and completed a radical cure in fourteen of them, no relapse occurring, notwithstanding the frequency of such regressions. The practice, however, is of much earlier date than Dr. Cullen seems to imagine; for Hildanus represents the physicians of his day as at length flying to it as their sheet-anchor, and deriving from it no common benefit. ‡ On the Continent it has generally, but very unnecessarily, been united with other and more active materials, as jalap, gamboge, or some

GEN. I.

SPEC. I.

Hydrops
cellularis.
Treatment.
Senega.

Supertartrate
of potass or
creme of tartar.

* Though this medicine is admitted to produce copious evacuations, both by stool and urine, and to be well fitted to carry off dropsical accumulations, it is now rarely employed, except for the purpose of exciting the uterine organs. See Thomson's *Elements of Materia Medica*, vol. ii. p. 341.

† *Mat. Med.*, ii. 513. 4to edit.

‡ *Cent.* iv. obs. 42.

GEN. I.
SPEC. I.
Hydrops
cellularis.
Treatment.
Pyrola
umbellata.

of the neutral salts, chiefly sulphate of potass, or common sea-salt. [Supertartrate of potass is preferred by Dr. Bright to more stimulating diuretics. *

Another diuretic, deserving particular notice in the consideration of the treatment of dropsy, is the pyrola umbellata, on which Dr. Somerville has published some highly interesting observations. It is a medicine employed by the Indians of North America. Thirty-four pounds avoirdupois of the recent herb produced four pounds of extract, of which five scruples were exhibited by Dr. Somerville in twenty-four hours, either in pills, or dissolved in a little boiling water. † The facts stated concerning its efficacy are important; and it has been tried with success by Dr. Beatty. ‡]

Emetics.

Another powerful source of evacuation that has often been had recourse to for the cure of dropsy, is EMETICS: and, though little in use in the present day, they have weighty testimonies in their favour among earlier physicians. Their mode of action has a resemblance to that of the drastic purgatives; for, by exciting the stomach to a greater degree of secretion, they excite the system generally; and, in fact, far more extensively and more powerfully than can be accomplished by mere purgatives, in some degree from the greater labour exerted in the act of vomiting, but chiefly from the closer sympathy which the stomach exercises over every other part of the system than the intestines, or, perhaps, any other organ, can exert. In cases of great debility, however, it must be obvious, that such exertion would be too considerable, and would only add to the general weakness; and it is on this account, chiefly, that the practice has been of late years very much discontinued in our own country. It is in consequence of this extensive sympathy of the stomach with every part of the system that emetics have often proved peculiarly serviceable in various local dropsies, especially that of the scrotum, when limited to the tunica vaginalis, and that of the ovarium, when discovered in an early stage. And from this cause, in combination with powerful muscular pressure, they have often acted with prompt and peculiar efficacy on ascites or dropsy of the abdomen: while Withering,

How far advisable.

* Dr. A. T. Thomson's report of the virtues of this medicine is also highly favourable: — "The influence of the bitartrate in dropsical effusions is well authenticated; and, indeed, every day's experience confirms the confidence in its powers as a diuretic. The emaciation which the continued use of the bitartrate of potassa produces, when taken as a beverage, or in the form of imperial, as it is termed, demonstrates the powerful effect of this salt upon the absorbents; and it is through the kidneys that the fluid thrown by them into the circulating mass is excreted. I have had," says he, "frequent opportunities of witnessing its beneficial effects in ascites, when this affection is not dependent on hepatic or other visceral obstruction. It is frequently beneficially united with squill, colchicum, and other diuretics, and, when given in a state of solution, with infusion of gentian and other bitter infusions. If the bitartrate have weakened the digestive organs, it may be combined with tartarized iron. In cases which depend on hepatic or other glandular obstructions, its best adjunct is iodine in the form of ointment." (See Thomson's Elements of Materia Med., vol. ii. p. 422.) According to this author, the dose for diuretic purposes should never exceed ʒss, but it should be frequently repeated, until the kidneys are affected, diluting very freely during its employment. — Ed.

† Med. Chir. Trans., vol. v. p. 340, &c.

‡ Trans. of Assoc. Physicians, Ireland, vol. iv. p. 23.

Percival, and many of the foreign journals *, abound with cases of the cure of ascites by a spontaneous vomiting.

DIAPHORETICS have also been resorted to, as very actively promoting the evacuation of morbid fluids; and many instances are related by Bartholet †, Quarin ‡, and others, of the complete success of perspiration when spontaneously excited. Tissot tells us, that it was by this means Count Ostermann was cured, a very copious sweat having suddenly burst forth from his feet, which continued for a long time without intermission.

In the Medical Transactions, there is a very interesting case of an equal cure effected by the same means, in a letter from Mr. Mudge to Sir George Baker. The form of the disease was, indeed, an ascites, but it will be more convenient to notice it here, while discussing the treatment of dropsy generally, than to reserve it for the place to which it more immediately belongs. The patient, a female of about forty years old, had laboured under the disease for twenty years: the abdomen was so extremely hard as well as enlarged, that it was doubtful whether the complaint was not a *parabysma complicatum*, or physcony of various abdominal organs, and tapping was not thought advisable. She was extremely emaciated: had a quick, small pulse, and insatiable thirst; voided little urine, breathed with difficulty, and could not lie down in her bed for fear of suffocation. For an accidental rheumatism in her limbs, she had four doses of Dover's powder prescribed for her, of two scruples in each dose, one dose of which she was to take every night. The first dose relieved the pain in her limbs, but did nothing more. An hour or two after taking the second dose on the ensuing night, she began to void urine in large quantities, which she continued to do through the whole night, and as fast as she discharged the water, her belly softened and sunk. The third dose completed the evacuation; and "thus," observes Mr. Mudge, "was this formidable ascites, which had subsisted nearly twenty years, by a fortunate accident carried off in eight and forty hours." The cure, too, was radical: for the constitution fully recovered itself, and the patient was restored to permanent health.

We may observe from this case, that the viscera are not necessarily injured by being surrounded or even pressed upon by a very large accumulation of water for almost any length of time. It should be noticed, also, in connection with this remark, that the patient before us was not much more than in the middle of life, even at the date of her cure; at which period we have more reason to hope for a retention of constitutional health in the midst of a chronic and severe local disease, than at a later age. And there can be no question, that sudorifics will be found more generally successful in establishing a harmony of action between the surface and the kidneys, and produce less relaxation of the system at this, than at a more advanced term of life.

But except where there is such a concurrence of favourable points, sudorifics can be but little relied upon in the treatment of dropsy, and are rather of use as auxiliaries, than as radical remedies. They are also open to the same objection as emetics: they

GEN. I.
SPEC. I.

Hydrops
cellularis.
Treatment.
Diaphoretics
have occasion-
ally succeeded.

Interesting
case related
by Baker.

Remarks on
the preceding
case.

Sudorifics
rarely to be
relied upon,
except where
various circum-
stances concur
in their favour.

* Sammlung Medicinischen Wahrnehmungen, b. viii. p. 220. N. Sammlung, &c. b. viii. p. 114. Schulz. Schwed. Abhandlungen, b. xxi. p. 102.

† Apud Bonet. Polyalth., iv. 47.

‡ Animadversiones, &c.

GEN. I.

SPEC. I.

Hydrops
cellularis.

Treatment.

Diuretics: a
far more valu-
able class of
medicines.Digitalis or
foxglove.In high estim-
ation with
Withering and
Darwin: leaves in the
form of de-
coction.In the hands
of Sir George
Baker of
doubtful effi-
cacy, and some-
times mischiev-
ous.Generally in-
jures more by
its depressive
power than
assists by its
diuretic, and
often loses its
diuretic virtue
by repetition.In the form
of pill.Effect of its
roots.General result
of its supposed
powers.

are apt, as Büchner has well observed, to do mischief by relaxing and debilitating*; and instances are not wanting in which they have very seriously augmented the evil.†

DIURETICS are a far more valuable class of medicines, and there are few of them that operate by the kidneys alone; the intestines, the lungs, and oftentimes the whole surface of the body, internal as well as external, usually participating in their action.

Of diuretics, the most powerful, if not the most useful, is foxglove. It was in high estimation with Dr. Withering, and Dr. Darwin regards it almost as a specific in dropsies of every kind; though he admits that it does not succeed so certainly in evacuating the fluid from the abdomen, as from the thorax and limbs. The preparation usually employed by the latter was a decoction of the fresh green leaves, which, as the plant is a biennial, may be procured at all seasons of the year. Of these he boiled four ounces in two pints of water till only one pint remained; and added two ounces of vinous spirit after the decoction was strained off. Half an ounce of this decoction constituted an ordinary dose, which was given early in the morning, and repeated every hour from three to eight or nine doses, or till sickness or some other disagreeable sensation was induced. In the hands of Sir George Baker, even when used in the form recommended by Dr. Darwin, its success was, occasionally, very doubtful; while, in some cases, it was highly injurious, without the slightest benefit whatever.‡ Even where it acts very powerfully as a diuretic, and carries off five or six quarts of water a day, it often excites such incessant nausea, sinking, giddiness, and dimness of sight, and such a retardation and intermission of the pulse, that the increased evacuation by no means compensates for the increased debility. And, by a repetition, it is often found to lose even its diuretic effects.

The powder, made into pills, seems to operate with equal uncertainty. It has sometimes produced a radical cure without any superinduced mischief: but, in other cases, it has been almost or altogether inert. Sir George Baker gives an instance of this inertness both in the decoction and in pills. In a trial with the former, the dose was six drachms every hour for five successive hours during two days, through the whole of which it had not the least efficacy, not even exciting nausea. In a trial with the latter, three pills, containing a grain of the powder in each, were given twice a day for several days in succession. They gave no relief whatever; nor produced any other effect than giddiness and dimness of sight.

It is not wonderful, therefore, that the fortune of foxglove should have been various: that, at one time, it should have been esteemed a powerful remedy, and, at another time, been rejected as a plant *totâ substantiâ venenosa*. Its roots have been tried as well as its leaves; and apparently with effects as variable, but less active. It seems to have been first introduced into the London Pharmacopœia in 1721 — folia, flores, semen; was discarded in the ensuing edition of 1746, and has since been restored in its folia alone: having encountered a like alternation of favour and proscription in the Edinburgh College. It is greatly to be wished that some mode or

* Diss. de diversâ Hydropi Medendi Methodo. Hal. 1766.

† Piso, de Morb. ex serosa Coll., obs. i.

‡ Medical Transactions, vol. iii. art. xvii.

management could be contrived, by which its power of promoting absorption might be exerted, without the usual accompaniment of its depressive effects. When recommended so strenuously by such characters as Dr. Darwin, and more particularly Dr. Withering, from a large number of successful cases, it is a medicine which ought not lightly to be rejected from practice, and should rather stimulate our industry to a separation of its medicinal from its mischievous qualities. Upon the whole, the singular fact, first noticed by Dr. Withering, seems to be sufficiently established, that, in all its forms, it is less injurious to weakly and delicate habits, than to those of firmer and tenser fibres.*

GEN. I.
SPEC. I.
Hydrops
cellularis.
Treatment.

Less injurious
to delicate
habits than
tenser fibres.

The most useful of the diuretic class of medicines is the siliquose and alliaceous tribes; particularly the latter, comprising leeks, onions, garlic, and especially the squill. The last is always a valuable and important article, and Sydenham asserts, that he has cured dropsies by this alone. It has the great advantage of acting generally on the secernent system, and consequently of stimulating the excretories of the alvine canal, as well as those of the kidneys. It sometimes, indeed, proves a powerful purgative by itself; but is always an able associate with any of the cathartics just enumerated. It may be given in any form, though its disgusting taste points out that of pills as the least incommodious.

Siliquose and
alliaceous
plants.
Squill.

When intended to act by the kidneys alone, Dr. Cullen advises that it should be combined with a neutral salt; or, if a mercurial adjunct be preferred, with a solution of corrosive sublimate, which seems to urge its course to the kidneys more quickly and completely than any other preparation of mercury.† It may also be observed, that the dried squill answers better as a diuretic than the fresh; the latter, as being more acrimonious, usually stimulating the stomach into an increased excitement, which throws it off by stool or vomiting, too soon for it to enter into the circulating system.

The *colchicum autumnale*, or meadow saffron, ranks next, perhaps, in point of power as a diuretic, and is much entitled to attention. It is to the enterprising spirit of Dr. Stoerck that we are chiefly indebted for a knowledge of the virtues of this plant, whose experiments were made principally on his own person. The fresh roots, which is the part he preferred, are highly acrid and stimulating; a single grain wrapped in crumb of bread, and taken into the stomach, excites a burning heat and pain both in the stomach and bowels, strangury, tenesmus, thirst, and total loss of appetite. And even while cutting the roots, the acrid vapour that escapes irritates the nostrils and fauces; and the substance held in the

Colchicum
autumnale, or
meadow
saffron.

* Essay on Digitalis, p. 189. "It is only after ample depletion, or at least such as reduces greatly the pulse, that it affects the capillary system, and augments the urinary discharge. It is after tapping, and a reduction of arterial action, that decisive advantages are obtained from the employment of foxglove in hydropic affections." (See Thomson's Elements of Materia Medica, vol. ii. p. 428.) It has been found most beneficial in hydrothorax, and next to that in anasarca. In cases of dropsy following scarlatina, it has been found very useful after purgatives have been freely administered, as well as for the anasarca and ascites occasionally taking place in constitutions broken down by the long use of mercury. The best adjunct in the latter case is nitric acid, and in others, bitartrate of potassa, acetate of ammonia, or colchicum. Op. cit.—Ed.

† Mat. Med., vol. ii. part II. ch. XXI.

GEN. I.
SPEC. I.
Hydrops
cellularis.
Treatment.

fingers, or applied to the tip of the tongue, so completely exhausts the sensorial power, that a numbness or torpitude is produced in either organ, and continues for a long time afterwards. According to Stoerck's experiments, this acrimony is best corrected by infusion in vinegar: to which he afterwards added twice the quantity of honey.* In the form of an acetum, and of the strength he proposed, it is given as a preparation in the extant London Pharmacopœia, while most of the other colleges have preferred his oxymel. Stoerck used it under both forms, but, perhaps, the best preparation is the wine, as recommended by Sir Everard Home in cases of gout, depurated from all sediment, as already noticed under the latter disease. Stoerck began with a drachm of the oxymel twice a day, and gradually increased it to an ounce or upwards.

The other diuretics in common use are of less importance: though many of them may be found serviceable auxiliaries, as they may easily enter into the dietetic regimen. These are the sal diureticus, or acetate of potash, which very slightly answers to its name, unless given in a quantity sufficient to act at the same time as an aperient; nitrous ether; juniper berries, broom leaves, and, which is far better, broom ashes; or either of the fixed alkalies; and the green lettuce, *lactuca virosa*, strongly recommended by Dr. Colin of Vienna, but, as far as it has been tried in this country, greatly beyond its merits.

To this class of remedies we have yet to add dandelion (*Leontodon Taraxacum* Linn.) and tobacco. The former of these was at one time supposed to act so powerfully and specifically on the kidneys, as to obtain the name of *lectiminga*: and it is said by some writers to have effected a cure in ascites after every other medicine had failed. It is truly wonderful to see how very little of this virtue it retains in the present day, so as to be scarcely worthy of attention: while, with respect to tobacco, notwithstanding the strenuous recommendation of Dr. Fowler, it is liable to many of the objections already started against foxglove.

Gratiola officinalis, or hedge hyssop.

The *gratiola officinalis*, or hedge hyssop, was once extensively employed, both in a recent state of its leaves and in their extract, and, like many other simples, it appears to have been injudiciously banished from the Materia Medica. In both forms it is a powerful diuretic, and often a sudorific; and in the quantity of half a drachm of the dry herb, or a drachm of infusion, whether in wine or water, it becomes an active emetic and purgative. It is said to have been peculiarly useful in dropsies consequent upon parabsma, or infarction of the abdominal viscera; and, in such cases, seems still entitled to our attention. As a strong bitter, it may, like the *lactuca virosa*, which is also a strong bitter, possess some degree of tonic power, in connection with its diuretic tendency. The bitter, however, is of a disagreeable and nauseating kind, which it is not easy to correct.

External means of evacuating the fluid of cellular dropsy. Blisters, setons, and scarification.

THE EXTERNAL MEANS of evacuating the fluid of cellular dropsy are blisters, setons, or issues, punctures, and scarification. The last is least troublesome, and usually most effectual. It is, however, commonly postponed to too late a period, under an idea that sloughing wounds may be produced by the operation, difficult of

* Libellus de Radice Colchico autumnali. Vindob. 1763. 8vo.

cure, and tending to gangrene. In blistering, this has often happened; but in scarifying, the fear is unfounded, while any degree of vital energy remains: and it should never be forgotten, that the longer this simple operation is delayed, the more the danger, whatever it may be, is increased. I have never experienced the slightest inconvenience from the practice; and have rarely tried it without some advantage; seldom, indeed, without very great benefit. The wound should be limited to a small crucial incision resembling the letter T on the outside of each knee, as the most dependent organ, a little below the joint. The cut, thus shaped, and very slightly penetrating into the cellular membrane, will not easily close, and consequently the discharge will continue without interruption.*

During the progress of hydropic accumulation, there is great dryness of the tongue, and intolerable thirst. And the question has often been agitated, whether, under these circumstances, the patient's strong desire to drink should be gratified. In health, whatever be the quantity of fluid thrown into the blood, it remains there but a short time, and passes off by the kidneys, so that the balance is easily restored, and hence it is obvious, that one of the most powerful, as well as one of the simplest diuretics in such a state, is a large portion of diluent drink. But dropsy is a state very far removed from that of health; and, in many cases, a state in which there is a peculiar irritability in the secernents of a particular cavity, or of the cellular membrane generally, which detracts the aqueous fluid of the blood from its other constituents, and pours it forth into the cavity of the morbid organ. And hence it has been very generally concluded, that the greater the quantity of fluid taken into the system, the greater will be the dropsical accumulation: and, consequently, that a rigid abstinence from drinking is of imperative necessity.

Sir Francis Milman, however, has very satisfactorily shown that, if this discipline be rigidly enforced, a much greater mischief will follow, than by perhaps the utmost latitude of indulgence. For in the first place, whatever solid food is given, unless a due proportion of diluent drink be allowed, it will remain, in an hydropic patient, a hard, dry, and indigested mass in the stomach, and only add a second disease to a first. And next, without diluting fluids, the power of the most active diuretics will remain dormant; or rather they will irritate and excite pyrexia, instead of taking their proper course to the kidneys. And, once more, as the thirst and general irritation and pyretic symptoms increase, the surface of the body, harsh, heated, and arid, will imbibe a much larger quantity of fluid from the atmosphere than the patient is asking for his stomach; for it has been sufficiently proved, that, under the most resolute determination not to drink, a hundred pounds of

GEN. I.

SPEC. I.

Hydrops
cellularis.

Treatment.

The last most
effectual, but
commonly de-
ferred to too
late a period.

Mode of
operating.

Whether the
symptom of
great thirst
should be in-
dulged.

On what
ground such
indulgence has
been refused.

But the refusal
founded on
false principles.

Patient may
be allowed to
gratify his de-
sire; and why.

The surface of
the body under
the irritation of
thirst absorbs
more moisture
from the atmo-
sphere than
would serve to
quench the
thirst in dropsy.

* Notwithstanding what the author has here stated, all experienced surgeons know, that incisions in anasarcaous parts are very liable to slough, or to become troublesome, and even dangerous ulcers. Thus, Dr. Armstrong says, — "Scarifications for letting out the fluid in anasarca I am very much afraid of. I have frequently seen them become gangrenous, especially below the knee." (Lectures on the Morbid Anatomy, Nature, and Treatment of Diseases, p. 850.) At all events, instead of a crucial incision, very small punctures with the point of a lancet are to be preferred, especially as they answer the purpose of discharging the fluid even better than a single more extensive wound. — ED.

GEN. I.
SPEC. I.
Hydrops
cellularis.
Treatment.

Moisture absorbed from the air by the lymphatics of the skin in a state of health.

Advantageous to know whether the quantity discharged by the kidneys balances what is taken by the mouth.

Disease has been cured by drinking water alone.

Hence fluids may be swallowed even when the kidneys do not discharge as much as is drunk.

In this case the common diet-drink should be combined with saline or acidulous diuretics.

Cream of tartar.

fluid have in this manner been absorbed by the inhalents of the skin, and introduced into the system in a few days, and the patient has become bulkier to such an extent in spite of his abstinence.

Even in a state of health, or where no dropsy exists, we are in all probability perpetually absorbing moisture by the lymphatics of the skin. Professor Home found himself heavier in the morning than he was just before he went to bed in the preceding evening, though he had been perspiring all night, and had received nothing either by the mouth or in any other sensible way. "That the surface of the skin," says Mr. Cruikshank, "absorbs fluids that come in contact with it, I have not the least doubt. A patient of mine, with a stricture in the œsophagus, received nothing either solid or liquid into the stomach for two months; he was exceedingly thirsty, and complained of making no water. I ordered him the warm bath for an hour, morning and evening, for a month: his thirst vanished, and he made water in the same manner as when he used to drink by the mouth, and when the fluid descended readily into the stomach."*

Under these circumstances, therefore, our first object should be to determine by measurement, whether the quantity of fluid, discharged by the bladder, holds a fair balance with that which is received by the mouth; and if we find this to be a fact, and so long as it continues to be a fact, we may fearlessly indulge the patient in drinking whatever diluents he may please, and to whatever extent. In some cases, indeed, water alone, when drunk in large abundance, has proved a most powerful diuretic, and has carried off the disease without any other assistance, of which a striking instance occurs in Panarolus †; and hence Pouteau ‡ occasionally advised it in the place of all other aliment whatever: as does also Sir George Baker §, who forcibly illustrates the advantage of a free use of diluent drinks, by various cases transmitted to him, in which it operated a radical cure, not only without the assistance of any other remedy, but, in one or two instances, after every medicine that could be thought of had been tried to no purpose.

But the fluid discharged from the kidneys may not be equal, nor indeed bear any proportion to what is introduced by the mouth, and we may thus have a manifest proof, that a considerable quantity of the latter is drained off into the morbid cavity. Still we must not entirely interdict the use of ordinary diluents, nor suffer the patient to be tormented with a continued and feverish thirst. If simple diluent drinks will not pass to the kidneys of themselves, it will then be our duty to combine them with some of the saline or acidulous diuretics we have already noticed, which have a peculiar tendency to this organ; and we shall generally find, that, in this state of union, they will accompany the diuretic ingredients, and take the desired course. Of these, one of the most effectual, as well as the most pleasant, is cream of tartar; and hence this ought to form a part of the ordinary beverage in all extensive dropsies, and especially the cellular and abdominal. Any of the vegetable

* Anat. of Absorb. Vessels, p. 108. 4to. 1790.

† Pentec. II. obs. 24.

‡ Œuvres Posthumes, i.

§ Med. Trans., vol. II. art. XVII.

acids, however, may be employed for the same purpose: as may also rennet whey, and buttermilk, and the more acid their taste, the better will they answer their end. A decoction of sorrel leaves makes also a pleasant diet-drink for an hydropic patient; as does likewise an aqueous infusion of sage leaves with lemon juice: both sweetened to the taste. Small stale table beer, and weak cyder, or cyder intermixed with water, may in like manner be allowed, with little regard to measure. And it was by the one or other of these, that most of the cures just referred to, as related by Sir George Baker, were effected. In one instance, the cyder was new, yet it proved equally salutary under the heaviest prognostics. The patient was in his fiftieth year: his legs and thighs had increased to such a magnitude, that the cuticle cracked in various places; he was extremely emaciated, and so enfeebled as not to be able to quit his bed, or return to it, without assistance. His thirst was extreme, his desire for new cyder inextinguishable, and, his case being regarded as desperate, it was allowed him mixed with water. He drank it most greedily, seldom in a less quantity than five or six quarts a day; and, by this indulgence, discharged sixteen or eighteen quarts of urine every twenty-four hours, till the water was totally drained off; and he obtained a radical cure without any other means whatever. Even ardent spirits, if largely diluted, and joined with a portion of vegetable acid, have been found to stimulate the kidneys: and, in the opinion of Dr. Cullen, may make a part of the ordinary drink.* And it is chiefly owing to the tendency which the neutral salts have to the kidneys, as their proper emunctory, and the sympathy which the secernents of these organs maintain with those of all others, that the cure of dropsy has sometimes been effected by large draughts of sea water alone: though sometimes this has also acted upon the bowels, and produced the same salutary result, by exciting a very copious diarrhœa, of which a striking example is given by Zacutus Lusitanus.†

It should never be forgotten, however, that dropsy is a disease of debility‡, and that the plan of evacuating will rarely of itself effect a cure; and never, perhaps, except in recent cases, and where little inroad has been made upon the constitution. In all other cases, it should be regarded as a preparatory step alone; a mere palliative; and an evil in itself; though an evil of a less kind to surmount an evil of a greater. And it is for want of due attention to this fact, that the plan of evacuating, and particularly by drastic purgatives, has by many practitioners been carried to a dangerous

GEN. I.

SPEC. I.

Hydrops
cellularis.

Treatment.

Decoction of
sorrel leaves.Sage tea with
lemon juice.Small stale
table-beer.

Cyder.

Ardent spirits
diluted and
with vegetable
acids.

Sea water.

Tonic plan of
medicine to
combine:since that of
evacuating is
only palliative
and prepar-
atory.

* Mat. Med., ii. 549.

† Prax. Hist., lib. viii. obs. 53.

‡ The opposition made at the present day to this view of the subject has been already mentioned, and will be noticed again in one of the ensuing notes. Some kinds of dropsy are clearly brought on by interruption of the return of blood from the parts affected. (See J. Bouillaud, *De l'Oblitération des Veines, et de son Influence sur la Formation des Hydropisies partielles, &c.* Paris, 1823.) Yet, whoever looks over the remarks of Mr. Hodgson on this subject, published many years ago in his valuable Treatise on the Diseases of the Arteries and Veins, will not, I think, be inclined to set down obstruction of the venous circulation as quite so general a cause of dropsy as M. Bouillaud represents. The latter has attempted, however, in the *Dict. de Méd. et de Chir. Pratiques*, art. *HYDROPSIE*, to defend his own view, in opposition to that of Mr. Hodgson.

-- ED.

GEN. I.

SPEC. I.

Hydrops
cellularis.
Treatment.

and even a fatal extreme. Every purgative that does not diminish the general bulk adds to the general disease by increasing the debility: and if, upon a very few trials, the plan be not found to answer this salutary purpose, it cannot too soon be desisted from.

The radical cure must, after all, depend upon invigorating the constitution, or restoring the organs particularly affected to a healthy state: for even a total removal of the water affords only a palliative and present relief.

Bitters may sometimes be employed advantageously with diuretics *, or with purgatives. †

Bitters, their
peculiar adapt-
ation to cases
of dropsy.

Bitters, indeed, where the debility does not depend upon visceral obstructions, form one of the most efficacious tonics. They are peculiarly adapted to that general loss of elasticity in the whole system and that laxity of the exhalents which constitutes the hydropic diathesis. "It has been alleged," says Dr. Cullen, "that bitters sometimes act as diuretics. And, as the matter of them appears to be often carried to the kidneys, and to change the state of the urine, so it is possible that, in some cases, they may increase the secretion: but, in many trials, we have never found their operation in this way to be manifest, or at least to be any ways considerable. In one situation, however, it may have appeared to be so. When, in dropsy, bitters moderate that exhalation into the cavities which forms the disease, there must necessarily be a greater proportion of serum carried to the kidneys: and thereby bitters may, without increasing the action of the kidneys, seem to increase the secretion of urine." ‡

Balsamics and
aromatics.

Metallic
oxydes.

To bitters have been added the warmer balsamics and aromatics, and by many physicians the metallic oxydes; chiefly the different preparations of copper; though Willis, Boerhaave, Bonet, and Digby, have occasionally preferred those of silver. Iron has generally been abstained from as too heating, though recommended by Grieve §, Richard ||, and Rhumelius. ¶

Mercury in
visceral ob-
structions.

When the disease is evidently dependent upon some visceral obstruction, mercury offers a fairer chance of success than any other metal; and in this case has often been pushed to salivation with the most salutary result. Du Verney employed it to this extent in an ascitic patient, whom at the same time he tapped; and, by this double plan, effected a cure; allowing a regimen of wine and stimulant meals during the process. ** And Rahn assures us that, in one case, the disease, though it several times recurred, was in every instance put to flight by a ptyalism excited by mecurial inunction. †† But where the system is in a state of great general debility, such treatment will only add to the weakness and increase the disease. Small doses of calomel, steadily persisted in, will be here our safest course, with a nutritious and generous diet of flesh-meat two or even three times a day; shell-fish, eggs, spice, and the acrid vegetables, as celery, water-cresses, raw red cabbage, shred fine and eaten as salad.

How far
ptyalism may
be allowed.

Venesection in
what cases
useful.

We have, however, observed, that dropsy occasionally ensues from an undue excitement of the absorbents, or the serous tissues, and is even accompanied with inflammatory action. And, in

* Mondschein, p. 82.

† Mat. Med., ii. p. 58.

‡ Journ. de Méd., xxix. 140.

** Mém. de Paris, 1703, p. 174.

† Martius, obs. 54.

§ Med. Com. Edin., ix. ii. 75.

¶ Medic. Spagyr. tripart. p. 168.

†† Medic. Briefwechsel, b. i. 365.

this case, a free use of the lancet should precede every other remedial method; and will sometimes, as when the stimulus is a retardation of blood in the veins and a consequent accumulation in the arteries, effect a cure of its own accord. It should be, nevertheless, remarked that dropsies of this form are rather a symptom of some other misaffection, than an original or idiopathic disease.

We have thus far contemplated dropsy as an idiopathic disease, dependent chiefly on constitutional debility*: but there are cases in which it occurs as a transfer of morbid action in some other organ of the system than the cellular membrane, or whatever other part may be the seat of the hydropic affection; and, in such cases, it is often salutary, and answers the purpose of a counter-irritation, and especially in fevers and inflammatory attacks. "I have," says Dr. Parry, "so often known constitutional maladies suspended, and life evidently lengthened and rendered more comfortable, by the coming on of various dropsical effusions; and, on the contrary, so many persons suffer aggravations of disease or even death, very shortly after the spontaneous disappearance of dropsy, that I cannot avoid considering the effusion as a salutary process, rather than as an actual disease."†

I have dwelt the longer on this species, because the general observations which it suggests, as well in respect to its causes and history as to its mode of treatment, apply in a very considerable

GEN. I.
SPEC. I.
Hydrops
cellularis.
Treatment.

Cellular dropsy
found useful
sometimes as a
transfer of mor-
bid action.

These remarks
applicable to
most of the en-
suing species,
and to be borne
in mind.

* The doctrine of the origin of dropsy from simple debility has been already noticed, and its correctness questioned. Dropsy is undoubtedly very often attended with debility; but this is not its cause. Many dropsies are local, that is to say, restricted to some particular limb or cavity. If they arose from general debility, would they be thus confined to certain situations? (See Bouillaud, in *Dict. de Méd. et de Chir. Pratiques*, tom. x. p. 182.) When we find some varieties of dropsy demonstrably proceeding from organic disease of the kidney, liver, heart, or spleen, or from the obstruction or obliteration of the *venæ cavæ*, *vena portæ*, or from disease of the heart, surely it is time, at all events, to modify the doctrine relating to the essential dependence of dropsy on debility. Some forms of it, termed active, are unquestionably connected, not with atony of the absorbents, but an increased action of the arteries, leading to an augmentation of secretion and exhalation. These views enable us to perceive the reason why active dropsies, or those accompanied by a process analogous to inflammation, should be treated with much greater success than the passive varieties of the disorder, the result of incurable internal organic diseases. With respect to the prognosis, the following are the sentiments of the late Dr. Armstrong: — "If the cause be inflammation, the prognosis is very often favourable. If it be from some change in the blood, it is favourable, if that change arise from mere disorder. If it arise from organic disease, it is almost invariably unfavourable. It is connected with organic disease most frequently in persons who are advanced in life." (See Armstrong's *Lectures on the Morbid Anatomy, Nature, and Treatment of Diseases*, p. 851. 8vo. Lond. 1834.) In the prognosis, the situation of the dropsy must also be taken into consideration: thus, a dropsy of the pericardium, pleura, or arachnoid membrane, is much more dangerous than one of the tunica vaginalis. An œdema of the lungs or glottis brings on alarming symptoms, and sometimes fatal consequences, though an œdema of one of the limbs may not be attended with any serious inconvenience. Strictly speaking, perhaps, no dropsy is idiopathic, or unconnected with some organic disease of the liver, kidneys, or other viscus, unless we take into the account what may be regarded as a completely local dropsy, the hydrocele, and some other circumscribed effusions. And, even when no organic visceral disease can be traced, and the dropsy has followed fever, or some other general disturbance of the health, it is still only an effect, and not an original disease. The same may be said of examples in which it follows inflammation of serous membranes. — ED.

† *Elements of Pathology*, &c. vol. ii. 8vo. 1815.

GEN. I.
SPEC. I.
Hydrops
cellularis.
Treatment.

degree to all the rest; concerning which we shall now have little more to do than to enumerate them and point out their distinctive characters.

[In the renal variety of dropsy, described by Dr. Bright, he approves of general and local blood-letting, with the view of checking the progress of the morbid change in the kidney, as well as of combating accidental inflammation in the serous membranes, or a tendency to apoplexy. He has recourse also to mild laxatives and diuretics, and when he administers squill, he generally combines it with a little opium or hyoscyamus. He is not in favour of employing mercury, which, he says, he has sometimes seen interrupt the good effects of other remedies; often protract the cure; or not at all retard the advance of the disorder to a fatal termination. When tonics are indicated, he has found much benefit arise from combining sulphate of quinine with squill, or from the use of chalybeates, or the uva ursi. *]

SPECIES II.

HYDROPS CAPITIS.

DROPSY OF THE HEAD. WATER IN THE HEAD.

CEDEMATOUS INTUMESCENCE OF THE HEAD: THE SUTURES OF THE SKULL GAPING.

GEN. I.
SPEC. II.
Disease often
confounded
with meningic
inflammation
of the brain;
or that called
acute or inter-
nal hydroce-
phalus.
The two dis-
eases duly dis-
criminated by
Cullen: but
the latter im-
properly called
by him an
apoplexy.

THIS disease has been strangely confounded by nosologists and practical writers with that inflammation of the brain, which apparently commences in its substance or lower part, and, producing effusion into the ventricles, distends them, and thus unites the symptoms of fever and great irritability with those of heaviness, and at length of stupor. The accumulation of fluid is here only an effect, and follows inflammation of the brain as in any other part, and is to be removed by removing the inflammation. It is ordinarily denominated, however, acute or internal hydrocephalus; but Dr. Cullen has correctly distinguished it from proper hydrocephalus, or dropsy of the head, by placing it in a different part of his classification, and assigning it a different name. In his view it is an apoplexy, and he has hence called it *apoplexia hydrocephalica*. In the present work it occurs under the name of *CEPHALITIS profunda*, and, in treating of it as a cephalitis, the author has submitted his reasons for not regarding it as an apoplectic affection. †

* See Bright's Reports of Med. Cases, &c. 4to. Lond. 1827.

† From the abundant evidence furnished by the cases and dissections recorded by Dr. Abercrombie, no doubt can be entertained, that the disease, commonly called acute hydrocephalus, is originally an inflammatory affection, chiefly seated in the substance of the central parts of the brain; that it generally terminates in a softening of these parts, or the morbid alteration termed by the French *ramollissement*, combined with serous effusion in the ventricles; and that it may prove fatal by the softening alone, even of small extent, but with all the symptoms usually considered as characteristic of acute hydrocephalus. (See Abercrombie's Pathol. and Pract. Researches on Diseases of the Brain, p. 142, &c. 8vo. Edin

The disease before us is common to children. A few singular cases are, indeed, recorded of its commencing in adult age*, and producing an enlargement of the skull by a morbid separation of the sutures; but these are very rare. That it does, however, occur without such separation and enlargement, and that too occasionally in every period of life, has been proved by a multitude of examinations after death, that have shown the ventricles of the brain distended with fluid, producing a considerable pressure upon the brain. Yet, where no such enlargement of the skull takes place, we may sometimes strongly suspect the disease from the symptoms, but cannot during the life of a patient speak with certainty upon the subject.

Dropsy of the head, like that of every other organ, is a disease of debility, and, as we have already observed in the introductory remarks to the present genus, may proceed from a relaxed condition of the secernents of the brain, a torpitude of its absorbents, or from both. The causes of this morbid state we are rarely able to ascertain: yet, in some families, there seems to be a peculiar predisposition to it, since it occurs in many of the children born in succession: and it may sometimes be connected with a scrofulous diathesis.

The immediate seat of the dropsy varies considerably: for sometimes the fluid accumulates between the bones of the cranium and the dura mater; sometimes between the dura mater or the other membranes and the brain, and sometimes in the ventricles or convolutions of the organ. With the deficiency of tone, there is also not unfrequently some deficiency of structure or substance: and it is in consequence of this that the fluid, when morbidly secreted or collected in one part, spreads without resistance to another. A deficiency of structure or substance is sometimes found in the brain itself, and sometimes in the cranium. If it occur in the former, a path may be immediately opened for the morbid fluid, accumulated in the ventricles or in any other interior part, to reach the membranes and distend the skull: and if in the latter, it may even pass beyond the skull, and separate and distend the integuments. I have seen instances of large perforations produced in different parts of the bones by a morbid absorption of the bony earth, as though the trephine had been repeatedly applied, and this too in adult age: and, in some instances, there has been a total absence of the calvaria.† Generally speaking, there is some deficiency of bony earth, as though it were impossible for this secretion to keep pace with the enlargement of the cranium: and hence the bones of the cranium have occasionally been so thin as to be pellucid and transmit the light of a candle, of which Van Swieten gives an instance‡, from Betbeder§; or have had their place supplied by a membrane covering the entire range of the sinciput, an example of which will be found in Vesalius.||

GEN. I.
SPEC. II.
Hydrops
capitis.

Dropsy of the head chiefly common to children: but sometimes found in adult age.

Like other dropsies, a disease of debility: but the causes of the local weakness rarely capable of being traced.

Seat of the dropsy varies considerably:
Illustrated.

Often connected with a deficiency of structure or substance in the brain or the bones of the cranium.

1828.) Many other remarks from this valuable source are introduced into the present work under the head of cephalitis. — ED.

* Hildan., cent. III. obs. 17. 19.

† Act. Helvet. I. 1.

‡ Comment. in Hydrop., sect. 1217.

§ Histoire de l'Hydrocephale de Begle, p. 35.

|| De Corp. human. fabricâ, lib. I. cap. 5.

GEN. I.

SPEC. II.

Hydrops
capitis.

Dropsical fluid said to originate sometimes between the integuments and the bone, and to be confined to this quarter: whence external and internal dropsy of the head.

Such accumulation may take place, but is very rare; and even then becomes rather a modification of cellular dropsy than proper dropsy of the head.

Whether Celsus alludes to such a modification.

Hence what have been called external dropsies, most probably accumulations commencing within.

A proper distinction might be drawn if necessary, and of advantage; but can never be definite or of real use.

Rarely occurs between the calvaria and the bones.

The dropsical fluid is also said by many writers of high authority to originate in some cases between the integuments and the bone, and to be confined to this quarter; and hence, the disease has been divided into external and internal dropsy of the head. It is possible, indeed, as Van Swieten has justly observed, that since water may be collected in the cellular membrane of the whole body, such an accumulation may take place in the integuments of the head.* But the pretended cases are so rare that Van Swieten himself, Petit†, and many other writers of high credit, have doubted whether such a form of the disease has ever actually occurred. Yet, should it occasionally take place, there can, I think, be no question that it ought rather to be regarded as a variety of anasarca or cellular dropsy, than hydrocephalus or dropsy of the head, properly so called. Celsus has been quoted upon the occasion, as confirming the existence of this external modification, and applying to it the name of hydrocephalus: but this is to misunderstand him egregiously. In the passage referred to, he is speaking of internal diseases of the head alone, of cephalæa, and other aches produced by wine, or indigestion, by cold, or heat, or the rays of the sun, sometimes accompanied with fever, and sometimes without it; sometimes affecting the whole of its interior, and sometimes only a part: —“*modò IN TOTO CAPITE, modò IN PARTE.*” And then he adds, “*præter hæc etiamnum invenitur genus, quod potest longum esse: ubi humor cutem inflat, eaque intumescit, et, prementi digito, cedit: ὑδροκέφαλον Græci appellant.*”‡ It is manifest, therefore, that the hydrocephalus here noticed, like the other diseases with which it is associated, is an internal affection of the head: and this idea is still farther confirmed by the treatment which he shortly afterwards proceeds to prescribe for it.

It is hence highly probable that the cases which have been called external dropsies of the head, have consisted of internal accumulations spreading to and distending the integuments through channels that were not ascertained, and on this account not supposed to exist.

Were the distinctions of external and internal dropsy of the head necessary to be preserved, it would be far more accurate to limit the former to those modes of the complaint in which the water is confined between the calvaria and the membranes, and the latter to those in which it originates in the cavities of the brain: but as we can rarely, if ever, determine the limits of the collection by the symptoms, it is a distinction which cannot be supported, and would often lead us into error.

The form of the disease, however, which occurs between the calvaria and the dura mater is by no means common, and hence seldom likely to lead us astray. So little common, indeed, is it, that Dr. Gölis, who probably had more practice in this complaint than any other physician of ancient or modern times, expressly declares, that “he never met with an example of it, and that he knows there are many physicians of extensive practice who have seen as little of it as himself.” §

* Comment., loc. citat., 1718.

† Académ. des Sciences, Mem. p. 121.

‡ De Medecin., lib. iv. cap. ii.

§ Drs. L. A. Gölis. Abhandlungen über vorzüglicheren Krankheiten, &c. b. i. Wien. 1815.

Hydrops capitis frequently commences in the fetus*, and sometimes renders the head so large as to retard the labour, and greatly harass the delivery. Blanchard gives a case, in which four pounds of water were evacuated from the head of a fetus after its birth. At other times, it does not show itself till some months, or even two or three years, after birth. In most cases the whole head enlarges, attended with a gradual separation of the sutures; but, in a few cases, the first symptom has been a small, elastic tumour on the upper part of the head, produced by an inequality of the dura mater, and its yielding more readily at the part that presents than in any other quarter. This tumour sometimes grows to a size as large as the head itself. It is seldom, however, that the walls of the tumour burst; for the uniform pressure to which they are exposed has a tendency to thicken and harden them. And hence, as the resistance increases, the sutures give way generally, and the tumour frequently disappears and is lost in the general swell.

The brain often exhibits, as we have already observed, some misformation or defect, which of itself may constitute a remote cause: but the proximate cause is a debility of the local secernents, absorbents, or both.† If the debility be confined to these, or the defect in structure do not interfere with the proper developement of the mental or corporeal powers of the sensorium, the infant may live and even thrive in every other part, while the water continues to accumulate and the head to become more monstrous, and even

GEN. I.
SPEC. II.
Hydrops
capitis.
Dropsy of the
head often
found in the
fetus.
Illustrated.

If the local
debility be con-
fined to the ex-
cernent vessels
of the brain,
and the secre-
tion be slow,
the disease may
proceed without

* The disease may begin at a very early period of the embryo; and M. Otto has seen it in one not further advanced than the sixth week. M. Dugès is not led, however, by this fact to suppose, that the origin of the disease depends upon any retardation in the developement of the brain; for he has ascertained by repeated observation, that the brain of a subject affected with hydrocephalus is perfect with respect to all its parts and configuration, with the exception of those changes which are produced by the distension of the fluid. He has also found, that how thin soever its substance may be, it often weighs, without the fluid, as much as, and even more than, the brain of a healthy individual of the same age as the patient. Chronic hydrocephalus appears to him to be frequently an hereditary complaint, inasmuch as the children of some women are all more or less affected; and it is an observation made by him, that women who are not very young at the period of their confinement, and who have a redundancy of the fluid of the amnios, or a considerable degree of œdema of the lower extremities during pregnancy, are particularly liable to bring forth hydrocephalic children. See *Dict. de Méd. et de Chir. Pratiques*, tom. x. p. 131.—ED.

† No doubt, the pathology of hydrops capitis, or chronic hydrocephalus, is more obscure than that of cephalitis profunda, or acute hydrocephalus; yet, as Dr. Abercrombie has observed, it is highly probable, that in the disorder under present consideration, the effusion arises from a low degree of inflammatory action in the brain. (See *Pathol. and Pract. Researches on Diseases of the Brain*, p. 143.) If this view be adopted, we must not talk of debility, but of an increased action of the secernents. Some distinguished modern pathologists believe that a frequent cause of passive dropsies is an obstruction of the venous circulation, and Dr. Tonellé has adduced several cases in support of this view, in relation to chronic hydrocephalus. In the fifth volume of the *Journ. Hebdomadaire* he has inserted the particulars of six instances of obliteration of the venous sinuses of the dura mater, attended with an accumulation of serous fluid under the tunica arachnoides. The fluid which he has likewise found in the ventricles has been constantly the effect of, and in proportion to, such obliteration. Facts of this kind are entitled to the attention of pathologists, though they are not likely to afford an explanation of the causes of hydrocephalus in general. Yet, it is making some advance to ascertain the circumstances, which accompany particular examples of the disease. — ED.

GEN. I.

SPEC. II.

Hydrops
capitis.

much interference with the mental or corporeal powers: and has hence lasted upwards of thirty years.

Exemplified.

If the imbecility extend to other parts, or be combined with defect of structure or substance, the mental powers may suffer; or if the fluid collect rapidly, symptoms of compression may follow: and, consequently, inflammation.

Mollification or pulpiness of some part of the brain occasionally found.

insupportable from its own weight: for, provided the pressure applied be very gradual, and unaccompanied with inflammation, the brain, like the stomach and intestines in dropsy of the belly, may be drowned in water for even twenty or thirty years, without serious mischief.* Michaelis relates the case of a patient twenty-nine years old, whose appetite and memory were good, and the pupils of the eyes natural, though the disease had continued from birth.† And, in treating of vascular osthexy, I had occasion to notice, from Dr. Heberden, the history of a patient who, with about eight ounces of water in the ventricles of the brain, as appeared on opening him,—and which there was good reason for believing had existed there for many years,—and with scarcely an organ free from disease in his whole body, with the exception of the brain itself, which was found healthy in its substance, was enabled to attain the good old age of upwards of fourscore years with an apparently sound constitution, and free from all the usual infirmities of advancing years, saving the inconvenience of an habitual deafness.

But the torpitude or imbecility of the excernent vessels may extend to the other parts of the brain, and to parts that are immediately connected with the mental faculties; or the defects of structure that are so often combined with dropsy of the head may extend to the same: and in such cases the hearing, sight, or speech may be affected: there may be loss of memory, or stupidity, vertigo, epilepsy, or convulsion fits. The brain has sometimes been found in a spongy or fungous state‡; or otherwise disorganised§: and sometimes tense and slender, with nerves like mucus.|| The fluid, moreover, may accumulate with rapidity, instead of slowly, as soon as the exciting cause, whatever it may be, is in operation, and the suddenness of the pressure may impede the action of the sanguiferous vessels; and we shall then perceive symptoms of compression, as a heavy pain in the head, stupor, occasional vomiting, quick pulse, and other febrile concomitants, a perpetual flow of tears from the eyes, or of mucus from the nostrils. And hence dropsy of the head is so frequently a symptom or a sequel of inflammation of the brain, and particularly of parenchymatic inflammation.

In this disease, as in apoplexy, we not unfrequently also meet with that peculiar mollescence of the substance of the brain to which the French pathologists have given the name of ramollissement de cerveau: and which, when treating of apoplexy, we observed, is far more frequently a result of debilitated than of inflammatory or entonic action. Sometimes the entire substance of the organ, as well of the white as of the gray portion, is found in this softened state: and, in a few instances, a very considerable portion of it is absorbed and carried off, the remaining part being nothing more than a pulpy mass or pouch. “When the cranium,” says Dr. Baillie, “is very much enlarged in hydrocephalus, the brain is thinned by absorption into a pulpy bag, and the corpus

* Coindet, *Mémoire sur l'Hydrencephale*, &c. Geneva, 1818.

† Medical Communications, vol. i. art. xxv.

‡ Conrad, *Diss. de Hydrocephalo*. Argent. 1778.

§ Bonet, *Sepulchr.*, lib. i. sect. xvi. obs. 9.

|| Büttner *Beschreibung des innern Wasserkopfs*, &c. Königs. 1773.

callosum is burst, so that the water deposited in the ventricles comes in contact with the dura mater at the upper part of the cranium. In this way an hydrocephalus, originally internal, becomes in part external.”*

GEN. I.
SPEC. II.
Hydrops
capitis.

Yet even here we have, sometimes, striking and most singular proofs, that the remedial power of nature is interfering either to obtain a cure, or to render the disease compatible with life, and with the general faculties of the sensorium. There is an interesting illustration of this remark in a case related by Dr. Donald Monro. A child, at the age of a year and a half, was brought into St. George's Hospital with a head much enlarged from the disease before us. She was feverish, and had a slight stupor. The complaint was peculiarly obstinate, and resisted the use of purges, blisters, issues, bandages, and other remedies. The enlargement proceeded and became chronic, though the fever and stupor gradually diminished and at length ceased; yet the head continued to enlarge and kept an equal proportion with the child's growth: so that, in her eighth year, it measured two feet four inches round, which is nearly a foot more than it ought to have done, and the forehead alone was half the entire length of the face, or four inches out of eight, which is double the proportion it ought to have held, — yet the child was at this time as lively and sensible as most children of her age, and had a strong and peculiarly retentive memory. It was long before she could walk, on account of the vast weight of head she had to carry, and the difficulty of preserving a balance; but, at length, she learned to walk also with tolerable ease.†

Singular efforts
sometimes
made by nature
to obtain a
cure, or render
the disease com-
patible with
life.
Exemplified.

In the following case, the efforts of the remedial power were less successful: but it is peculiarly worthy of notice, as much from the lateness of the age in which the disease commenced, and the sutures were separated, as from the natural struggle there seems to have been to obtain a triumph over it. It is related by Dr. Baillie, in another volume of the same valuable work. The patient was a boy, not less than seven years of age when he first became affected. The pupils, from an early stage, were considerably dilated and the pulse was somewhat irregular; he complained of pain towards the back of his head, and was often in a state of stupor. His understanding, however, was clear, and his sight very little impaired almost to the last. He had twice intervals of great promise, for a few weeks, with considerable abatement of all the symptoms, and an appearance of doing well. But in both instances he relapsed, and, at the distance of ten months from the commencement, fell under daily attacks of convulsion fits. It is remarkable that, though his intellect continued unimpaired, the frontal and parietal bones, from the force of the accumulated fluid in every direction, were separated from each other to a distance of from half to three quarters of an inch, notwithstanding that they had

Additional
illustration.

* *Morb. Anat.*, fascic. x. pl. iii. p. 213. In an embryo, scarcely nine or ten lines in length, M. Dubrueil showed M. Dugès a cranium that was softened, shrivelled up, and perforated at the vertex, without any brain in it. By inflation it immediately became of very large dimensions, with respect to the small size of the being from which it was taken. See *Dict. de Méd. et de Chirurgie Pratiques*, tom. x. p. 134. — Ed.

† *Med. Trans.*, vol. ii. p. 359.

GEN. I.
SPEC. II.Hydrops
capitis.

Bones sometimes thickened instead of being rendered thinner: accounted for, and the advantage of this process.

Cervical
vertebræ invigorated also in proportion.
Illustrated.

Remark of
Van Swieten
upon this fact.

Prognostics.

Prodigious
quantity of
fluid sometimes
found in the
head.

been firmly united at their respective sutures before the commencement of the disease. Nearly a pint of water was found in the ventricles.

In many cases, the bones of the skull become peculiarly thin and pellucid, or are altogether deprived of their calcareous earth, and reduced to cartilages. But where the instinctive or remedial power of nature, which is always labouring to restore morbid parts to a state of health, or to enable them in their altered condition to fulfil their proper functions, has succeeded in rendering the diseased brain still capable of exercising some of its faculties, a supply of phosphate of lime is also, in various instances, provided for the bony membrane; which not only re-assumes its ordinary firmness, but has sometimes exhibited a density far beyond the usual proportion, and commensurate with the magnitude of the skull; while the cervical vertebræ have been equally strengthened for the purpose of bearing so enormous a load. Hildanus gives a case of this kind in a youth eighteen years old, who had laboured under a dropsy of the head from his third year. The skull was of an immense magnitude (*immensæ magnitudinis*), as well as peculiarly hard and solid. The patient spoke distinctly, but his mind was not equal to his articulation, and he suffered greatly from violent epileptic attacks.* “If skulls of this kind,” says the Baron Van Swieten, “should be disinhumed in their burial-ground by posterity, there would certainly not be wanting persons who would ascribe them to some gigantic family. If, indeed, the calvaria should be dug up entire, the error may be corrected, by observing the size of the upper jaw-bones, which would be found of the ordinary proportion: but if the bones should be separated and single, there could be no appeal to this distinctive mark.”†

The disease is always dangerous, from the difficulty of determining its extent and what degree of cerebral disorganisation may accompany it. Where, however, it is limited to a weak condition of the excrements of the brain, it is often remediable and admits of a radical cure. But where, on the contrary, no favourable impression can be made on the organ, the general frame partakes by degrees of the debility, the vital powers flag, the limbs become emaciated, and death ensues at an uncertain period: or the patient survives, a miserable spectacle to the world and burden to himself; rarely reaching old age, but sometimes enduring life for twenty or even thirty years‡ before he is released from his sufferings. In a few instances, it is observed by Dr. Coindet, that coma, a dilated pupil, and other symptoms resembling acute hydrocephalus, as it has been called, or profound cephalitis, accompany the disease from its commencement§: but I believe the pulse will, in such instances, rarely be found to betray that irritable irregularity in the beat, which has been already noticed in the cephalitic disease. On opening the head, twelve or fifteen pints of fluid have often been evacuated: and occasionally not less than twenty-four or twenty-

* Observ. Chirurg., cent. III. obs. XIX. p. 199.

† Comment., tom. iv. sect. 1217. p. 123. Monro records the case of a child, nine years old, whose cranium was thirty-six inches in circumference. — ED.

‡ Van Swieten, Comment., loc. citat.

§ Mémoire sur l'Hydrencephale, &c. Geneva, 1818.

five pints *, which have the singular property of not jellying even on exposure to heat. †

The water has sometimes been found lodged in a cyst, and, in a few instances, the cerebrum itself has formed a sac for it. Morgagni asserts, that the disease is more common to girls than to boys. ‡

The cure, as in the preceding species, must be attempted by evacuating the water by internal or external means, and by giving tone to the debilitated organs.

Drastic purges can rarely, in this form of the disease, be carried to such an extent as to be of essential service, on account of the early period of life in which it commonly shows itself. For the same reason, diaphoretics have not been generally recommended, or often found serviceable when ventured upon. Diuretics have been more frequently had recourse to, and particularly the digitalis. Dr. Withering was favourable to its use, but it has commonly, as in other forms of dropsy, proved more injurious than beneficial.

The best internal medicine is calomel, in small doses, in union with some carminative, for the purpose of keeping up the action of the stomach, a healthy state of which is of great importance. The calomel, however, should be employed rather as a stimulant or tonic, so as to excite the mouths of the torpid vessels to a return of healthy action, than as a purgative or with a view of producing salivation; except, indeed, where symptoms of inflammation are present, in which case it cannot be given too freely, as already observed under parenchymatic cephalitis. § Where the disease has been unaccompanied with inflammatory symptoms, but nevertheless has been attended with a feverish irritation, and great heaviness, as well as considerable enlargement of the head, the author has found half a grain of calomel, given three times a day, in the manner above proposed, and continued for a month, of essential service: and particularly in a case that occurred to him, many years ago, of a little boy who was four years old when the disease first appeared; which, however, had made its attack so insidiously as to escape the observation of the parents till the increased bulk of the head attracted their notice, which was soon afterwards succeeded by the symptoms just adverted to. The complaint had increased, the symptoms were more aggravated, and the skull, within six months, had become as large as that of an adult, when the mercurial process was commenced, accompanied with a free fomentation of the head with the solution of the acetate of ammonia, and an occasional use of purgatives. In ten days there was an evident improvement: the child was less languid and feverish, and showed less desire to rest his head perpetually on a chair. The skull no longer augmented; the mental faculties, which had begun to discover hebetude, regained vigour, and the patient, now in his twentieth year, is an undergraduate in one of our universities, exhibiting a development of talents that has already obtained for him various prizes, and gives a promise of considerable success hereafter. The bulk of his head is at this moment very little larger than it was at

GEN. I.
SPEC. II.

Hydrops
capitis.

Remedial
process.

Drastic purges
little to be de-
pended upon in
this species.

Diaphoretics
rarely of use.

Diuretics have
been more
generally em-
ployed.

Best internal
medicine,
calomel in
small doses.

Exemplified.

Successful
termination.

Head but a
little larger at
twenty years
old than at six.

* Bonet, Sepulchr., lib. i. sect. xvi. obs. 1. Eph. Nat. Cur., Dec. iii. ann. i. obs. 10.

† Hewson on the Lymph. Syst., part ii. p. 193.

‡ De Sed. et Caus. Morb., Ep. xii. art. 6.

§ Vol. ii. p. 86.

GEN. I.

SPEC. II.

Hydrops
capitis.

Treatment.

External
means for
diminishing the
contained fluid.Local stimu-
lants when
serviceable.Evacuation of
the water by
the lancet :
when to be
tried :
water to be
evacuated
gradually, and
why.Operation does
not always
succeed : and
why.Perforation
should be re-
peated, if neces-
sary, several
times in suc-
cession.Advantages
of this plan
exemplified
from Vose.

six years of age : a curious fact in pathology, though by no means uncommon : since, where the disease forms space enough for a perfect growth of the brain, the calvaria ceases to expand, and the head becomes once more proportioned to the rest of the body.

The external means employed for diminishing the contained fluid, have consisted in local stimulants, as different preparations of ammonia, blisters, and cauteries, and puncturing the integuments.

All local stimulants have a chance of being useful where the disease is seated near the surface, or between the membranes and the cranium, for they tend to excite the absorbents to an increased degree of tone and action, and consequently to a diminution of the general mass. But they do not seem to have much effect when the fluid issues from the convolutions or ventricles of the brain. Blistering the whole of the sinciput has unquestionably been found serviceable, and is perhaps the most effectual external stimulant we can employ.

The water has also been evacuated, in many instances, with full success, by a lancet : and, where the sutures gape very wide, and the integuments are considerably distended, this remedy ought always to be tried. The brain, however, like every other organ, when it has been long accustomed to the stimulus of pressure, cannot suddenly lose such a stimulus without a total loss of energy ; and hence, as it is necessary in many cases of dropsy of the belly to stop as soon as we have drawn off a certain portion of water, in order to avoid faintness, it is found equally necessary to evacuate the water from the brain with caution and by separate stages ; for when the whole has been discharged at once, the sensorial exhaustion has been so complete as to produce deliquium and sudden death. Hence six or eight ounces are as much as it may be prudent to let loose at a time in an infant of three or four years of age ; when the orifice should be covered with a piece of adhesive plaster, and an interval of a day or two be allowed. The operation, indeed, is very far from succeeding in every instance : for, in some cases, there is so much internal disease or even disorganisation, that success is not to be obtained by any means. And next, a fresh tide of water will not unfrequently accumulate, and the head become as much distended as before. Still, however, the attempt should be made, and even repeated and repeated again, if a fresh flow of fluid should demand it : for the disease has occasionally been found to yield to a second or third evacuation, where it has triumphed over the first.

Dr. Vose of Liverpool has published an instructive case of this kind in the ninth volume of the Medico-Chirurgical Transactions. The patient was seven months old, and the head between two and three times its natural size, when the operation was first performed. On this occasion, a couching needle was made use of, and the orifice was closed when three ounces and five drachms of fluid were evacuated : about an equal quantity was conjectured to dribble from the orifice after the operation : at which time the infant became extremely faint, and the integuments of the head had shrivelled into the shape of a pendulous bag. He revived, however, with the aid of a little cordial medicine ; and, the water accumulating afresh, a second operation was performed by a

bistoury about six weeks after, when eight ounces of fluid were drawn off with little constitutional disturbance; which was succeeded only nine days later by a third operation, that yielded, by the introduction of a grooved director, twelve ounces, without any interference with the general health whatever. A copious and vicarious discharge of serum from the rectum took place shortly after this third puncture of the integuments, which was succeeded by some degree of deliquium; but from this also the patient soon recovered; the head gradually diminished in size, and a complete cure was at length effected.*

Formey †, Pitschel ‡, and several other writers, have recommended compression, with a view of stimulating the torpid mouths of the absorbents to a resumption of their proper action. But no compression can be made on these, whatever they may consist in (for absorbents have not hitherto been detected in the brain), without compressing at the same time parts that are injured by pressure already. Advantage, however, may be taken of the recommendation after the fluid has been evacuated.

* According to Monro, however, the child was subsequently attacked with symptoms which proved fatal. (See also Dugès, in *Dict. de Méd. et de Chir. Pratiques*, tom. x. p. 136.) Mr. Lizars has published a case in the *Edin. Med. and Surg. Journ.*, where he operated about twenty times in the course of three months.* The instrument which he commonly employed was a fine trocar, which was introduced to the depth of an inch at the most lateral part of the anterior fontanelle, so as to avoid the longitudinal sinus. On the discharge of the water, the strabismus and dilatation of the pupil immediately ceased. In some of the later operations, the sutures having become in part closed from the progress of ossification, the head was no longer capable of being adequately compressed, and air rushed in to supply the place of the fluid, but without any ill effects. The same practice has also been adopted in one instance by Dr. Freckleson, of Liverpool; the lateral ventricles having been punctured four times with safety; but, in the fifth operation, fourteen ounces of fluid having been suddenly discharged, the child became convulsed, and died on the ninth day. Dr. Conquest has operated on nine children, on four of which he was entirely successful, the individuals having been restored to health. The largest quantity of fluid withdrawn at any one time was twenty ounces and a half; and the greatest number of operations on one child was five, performed at intervals varying from two to six weeks. The largest total quantity of water removed was fifty-seven ounces, by five successive operations. The trocar was introduced through the coronal suture, below the anterior fontanelle; and pressure on the head was subsequently made with strips of adhesive plaster. (See *Cyclop. of Pract. Med.*, art. *HYDROCEPHALUS*, by Dr. Joy, p. 478.) This treatment has likewise been tried by Graefe of Berlin (*Journ. für Chirurgie*, &c. 1831, b. xv. p. 3.), and by Mr. Russell of Edinburgh. See *Edin. Med. and Surg. Journ.*, July, 1832. — ED.

† Ad Rivierii, *Observ. Medic.*, cent. v.

‡ *Anat. and Chir. Anmark*. Dresd. 1784. Sir Gilbert Blane was in favour of this practice, aided by the frequent application of leeches. (See *Med. and Physical Journ.* for Oct. 1821.) Mr. Barnard made compression with straps of adhesive plaster, and used leeches, with a successful result. See *Med. Repository*. — ED.

GEN. I.
SPEC. II,
Hydrops
capitis.
Treatment.

Compression recommended through the whole course of the disease, but generally mischievous.

Yet may be of great use after evacuating the water,

SPECIES III.

HYDROPS SPINÆ.

DROPSY OF THE SPINE.

SOFT FLUCTUATING EXTUBERANCE ON THE SPINE; GAPING
VERTEBRÆ.

GEN. I.

SPEC. III.

Spina bifida of
authors, why
so called.Nature of the
disease ex-
plained.

THIS is the *spina bifida* of authors, so called from the double channel which is often produced by it through a considerable length of the vertebral column: a natural channel for the spinal marrow, and a morbid channel running in a parallel line, and equally descending from the brain, and filled with the fluid which constitutes the disease.

It is sometimes local, but, in most instances, is connected with a morbid state of the brain, and directly communicates with it. In this last form, it may be regarded as a compound dropsy of this organ. [As Dr. Abercrombie has noticed, when serous effusion occurs between the dura mater and inner membrane of the cord, the source of it may be attended with ambiguity, on account of the free communication which this space has with the cavity of the cranium, or, at least, with the cellular texture of the arachnoid coat of the brain. But, as he further explains, when the effusion is contained in the cavity formed betwixt the dura mater and the canal of the vertebræ, there can be no doubt of its connection with disease of the spinal canal.* In *spina bifida*, the fluid is always within the dura mater of the cord. On this account, when the disease is combined with hydrocephalus, we see the reason of the communication between the two diseases; but, it is an error to suppose, as our author stated in his last edition, that the dropsical swelling on the spine is the effect of the water gravitating downwards from the head; for it is in fact the consequence of a malformation of the vertebræ, the ossification of the posterior parts of which is imperfect, and consequently a protrusion of the dura mater, the cavity of which is filled with fluid, naturally takes place. The dropsical affection of the head does not always accompany the disease of the spine, and is only an accidental complication.]

Mostly congenital: but the tumour often does not show itself till several months after birth.

Dropsy of the spine is mostly congenital, and consequently a disease of foetal life; in many instances, however, the tumour does not show itself till some weeks, or even months, after the birth of the child. The degree of danger, as justly observed by Dr. Olivier†, must depend upon the structural defect, or other mischief that exists in the brain or the substance of the spinal marrow. We observed in the last species, that the bones of the cranium are often found imperfect; and it is hence not to be wondered at, that the bones of the vertebræ should exhibit a like imperfection

* See Abercrombie's *Pathol. and Pract. Researches on Diseases of the Brain*, &c. p. 358. 8vo. Edin. 1828.

† De la Moëlle Epinière, et de ses Maladies, &c. 8vo. Paris, 1824.

in the present, and allow a protrusion externally. Fieliz gives a case, in which all the spinous processes were deficient, and the dropsy extended through the entire length of the spine.*

The integuments are here thinner and more disposed to burst than in the head, and hence, if the tumour be left to its natural course, it commonly continues to enlarge till it bursts †; while, if it be opened, the child, in most cases, dies from exhaustion and deliquium, as in dropsy of the head, provided the water be evacuated entirely; and if it be discharged gradually, an inflammation of the spinal marrow is apt to ensue, which proves as fatal. Hence there is much reason in the advice of Mr. Warner merely to support the tumour, but to not touch it otherwise, and, in the meanwhile, to see how far we can give the remedial power of nature an opportunity of exerting itself, by invigorating the frame generally. Something, however, beyond support may be safely ventured upon; for a gentle compression, answering the purpose of a truss, and giving the support of artificial vertebræ, may be tried with propriety, and, if found to do no mischief, it should be gradually increased. Sir Astley Cooper has also recommended a much bolder practice; that of endeavouring to procure an adhesion of the sides of the sac, so as to close the opening from the spine, and to put a radical stop to the disease. There is here, however, much danger from constitutional irritation, yet this eminent and judicious surgeon is well known to have succeeded in one instance.‡ If the disease extend to the ventricles, it will probably be of little use, but if it be local, it may ultimately prove successful.

This form of dropsy is mostly fatal; but there are a few cases on record of a successful termination by the employment of different methods. Thus, Heister, who in his day also recommended compression, gives an example of its having radically yielded to this plan, in union with spirituous liniments §; and Fantoni ||,

GEN. I.
SPEC. III.
Hydrops spinæ.

The whole of the spinous processes have been found deficient.

Ordinary termination when the disease is left to itself.

How far compression may be useful.

Artificial adhesion of the sides of the sac.

Has sometimes terminated favourably under different methods.

* In Richter, Chir. Bibl., band ix. p. 185.

† The rupture of the swelling most frequently, one might say almost always, proves rapidly fatal; paraplegia, coma, and convulsions usually preceding the death of the patient. It is alleged that, when the tumour bursts during the continuance of the fœtus in the womb, the circumstance is not fatal till a few days after birth, though in general the opening does not heal up. Meckel has given, however, the description of a calf which had, with a hydrocephalocoele on the parietal bone, a cicatrix on the loins. But, as the bones were not wrongly formed, the exact nature of the case remains doubtful. M. Dugès has given the particulars of a clearer instance of the rupture of a spina bifida of a human fœtus in utero, and of a subsequent cicatrization taking place. The scar in the sacro-lumbar region was large, covering a membranous substance, by which the vertebral canal was not very firmly closed. The child perished six weeks after birth. The cranium contained a great quantity of serosity, though the exact part in which it had accumulated was not noted. There was also some fluid in the vertebral canal, which seemed to be widened at its lower part, where three of the lumbar vertebræ and parts of the sacrum were imperfect. The nerves of the cauda equina adhered to one another, and to the interior of the canal. See Dict. de Méd. et de Chir. Pratiques, tom. x. p. 138. — Ed.

‡ A cure was effected in another example, which was under the care of Mr. F. L. Probart, of Hawarden, North Wales, by repeatedly puncturing the tumour with a fine needle. The particulars are detailed in the Lancet, No. 186. — Ed.

§ Wahrnehmung, b. ii.

|| In Pacchioni Animadvers., cit. Morgagni, De Sed. et Caus.

GEN. I.
SPEC. III.
Hydrops spinæ.

and Heilmann *, describe, each of them, an instance of a perfect cure by opening and evacuating the cavity. In all which instances, however, it seems probable, that there was no such communication with the brain, or that the brain, or spinal marrow, was less affected than they ordinarily appear to be.

Life has been protracted during the disease to adolescence.

A few singular cases have occurred of young persons protracting a miserable existence under this disease to the age of adolescence. † Martini mentions a youth who lived till eleven years old; and Acrel notices others who survived till seventeen ‡, but with paralytic sphincters of the anus and bladder; and Cowper speaks of one who attained the age of thirty.

SPECIES IV.

HYDROPS THORACIS.

DROPSY OF THE CHEST.

SENSE OF OPPRESSION IN THE CHEST; DYSPNŒA ON EXERCISE, OR DECUMBITURE; LIVID COUNTENANCE; URINE RED AND SPARE; PULSE IRREGULAR; ŒDEMATOUS EXTREMITIES; PALPITATION, AND STARTINGS DURING SLEEP.

GEN. I.
SPEC. IV.
Hydrothorax of authors.
Subdivisions of Sauvages.
Hydrops mediastini,
H. pleuræ,
H. pericardii,
H. pulmonalis.
Distinction of Avenbrugger: dis-
countenanced by Corvisart.

THIS is the hydrothorax of authors; and the secreted fluid, in direct opposition to that of hydrocephalus, commonly, perhaps always, jellies upon exposure to heat.

Sauvages, who has made this disease a genus, gives a considerable number of species under it, derived from the particular part or cavity of the thorax which is occupied, or the peculiar nature of the effusion; as hydrops mediastini, pleuræ, pericardii, hydatidus; to which he might have added pulmonalis, as the water is, perhaps, sometimes effused into the cellular texture of the lungs. But these can never, with any degree of certainty, be distinguished from each other till after death. The distinction of Avenbrugger into dropsy of one side, and dropsy of both sides of the chest, is of little practical importance. "It is," observes M. Corvisart, in his comment on the *Inventum novum*, "a mere difference of quantity;" and would, in his opinion, be better expressed by the terms partial and complete.

[However, if the statements of Laennec be correct, the foregoing distinction is not altogether so useless; for, according to the latter excellent pathologist, *idiopathic hydrothorax commonly exists only on one side*. Its anatomical characters, he says, are simply an accumulation of serum in the cavity of the pleura; this membrane being quite healthy in other respects; and the

* Prodom. Act. Hafn. p. 136.

† Camper saw a case of hydrops spinæ, or spina bifida, where cicatrisation followed the rupture of the tumour in a patient 20 years of age, who was living eight years after this event. The editor once visited, with Mr. Copland Hutchison, a young woman at least 18 or 20 years old, with an enormous spina bifida over the lumbar region and sacrum. — ED.

‡ Schwed. Abhandl., b. x. p. 291. et seq.

lung being compressed towards the mediastinum, flaccid, and destitute of air. * He has seen this form of the disease, unaccompanied by any other dropsical affection, or any organic lesion, to which it could be ascribed. In one case of this kind, the right pleura contained twelve pounds of a colourless, limpid serum. †]

The complaint at its origin excites little or no observation, and it continues its course imperceptibly; there is at length found to be some difficulty of breathing, particularly on exertion or motion of any kind, or when the body is in a recumbent position, usually accompanied with a dry and troublesome cough, and an œdema of the ankles towards the evening. Then follow, in quick succession, the symptoms enumerated in the definition, several of which I have drawn directly from my friend Sir L. Maclean's very accurate arrangement of them. ‡ The difficulty of breathing becomes, at length, peculiarly distressing, and the patient can obtain no rest but in an erect posture; while, even in this condition, he often starts suddenly in his sleep, calls vehemently for the windows to be opened, and feels in danger of suffocation. § His eyes stare about in great anxiety, the livid hue of his cheeks is intermixed with a deadly paleness, his pulse is weak and irregular, and as soon as the constrictive spasm of the chest is over, he relapses into a state of drowsiness and insensibility. The disease is often connected with some organic derangement of the heart; and M. Corvisart conceives, that several of the above symptoms only belong to it when such a connection exists, and the dropsy is merely symptomatic. He objects even to the signs of starting in sleep, anxiety of the præcordia, inability to lie down, and irregular pulse:—which he affirms indicate alone an organic disease of the heart or large vessels. || If the effusion be confined to one side, the side thus surcharged becomes more rounded, and the intercostal spaces augment in size as the water accumulates; while the œdema of the extremities is confined to the same side.

[According to Laennec, percussion yields a dead, dull, flat sound, and the stethoscope indicates the absence of respiration every where except at the roots of the lungs. The peculiar sound, which he terms œgophonism, and is explained in the section on

* The lung of the same side as the effused fluid is pushed towards the spine and upper part of the chest, whilst the diaphragm, the liver, and the spleen, according to the side that happens to be the seat of dropsy, are propelled downwards. When the fluid is in the left sac of the pleura, it is sometimes exceedingly copious, displacing the heart from the left to the right side of the thorax. — Ed.

† See Laennec on Diseases of the Chest, p. 485. 2d edit. transl. by Forbes. The pleura is of a paler colour than natural, but in other respects sound.

‡ Inquiry into the Nature, Causes, and Cure of Hydrothorax, 8vo. 1810.

§ When the collection of fluid is only within one cavity of the pleura, the patient ordinarily lies on the diseased side of the chest, in order that the sound side may expand the more freely for the performance of respiration. It is when the fluid occupies both sides of the chest, that the patients usually sit up in their beds, with great anxiety in their countenances, and all the respiratory muscles in energetic action. — Ed.

|| The editor has no doubt that Corvisart's observations are perfectly well founded; and that some of the symptoms enumerated by our author convey no information on the nature of the case. Dr. Maclean's work is, as Dr. Forbes candidly states, entitled to notice, as illustrating the power of digitalis in this disease; but it abounds in grievous errors in pathology and diagnosis. — Ed.

GEN. I.
SPEC. IV.

Hydrops
thoracis.

Commence-
ment of the
disease.

Progress.

Often con-
nected with or-
ganic derange-
ment of the
heart.

How far some
of the above
symptoms may
be influenced
by this fact.

Distinctive
signs of the
limitation of
the disease to
one side.

GEN. I.
SPEC. IV.
Hydrops
thoracis.
Termination.

phthisis in the second volume of this work, he also found to prevail in cases of hydrops pectoris.]

The disease, contrary to the preceding species, is mostly to be found in advanced life, and its duration chiefly depends upon the strength and habit of the patient at the time of its incursion. It is hence, in some cases, of long continuance, while, in others, the patient is suddenly cut off during one of the violent spasms which at length attack him, as well awake as in the midst of sleep. [Hydrops thoracis is considered by many to be a very common disease, and a frequent cause of death. When truly idiopathic, however, and existing in a degree sufficient of itself to produce death, Laennec regarded it as one of the rarest diseases *, and he did not rate its fatality higher than one in two thousand deaths. He had often known hypertrophy of the heart, aneurism of the aorta, irregular consumption, and even scirrhus of the stomach or liver, mistaken for this affection, when there was no co-existing effusion in the pleura, or at least none except what took place immediately before death. The common notion of the frequency of hydrops thoracis is ascribed by Laennec in a great measure to sero-purulent effusions being generally confounded with it. Symptomatic hydrothorax, however, he admits, is as frequent as the idiopathic is rare † ; though, as Dr. Darwall has explained, this symptom only occurs in a very early stage, while there is but a small quantity of fluid effused. Afterwards, the only information, derived from the stethoscope, is a want of respiration every where excepting at the root of the lungs. ‡]

Causes general
and particular.

Hydrops
hydatidosus of
Sauvages.

The causes are those of dropsy in general §, upon which we have already enlarged, acting more immediately upon the organs of the chest, and inducing some organic affection of the heart, lungs, or the larger arteries. We also sometimes find, upon dissection, that the disease has been produced, or considerably augmented, by a number of hydatids (*tænia hydatidis* Linn.), some of which appear to be floating loosely in the effused fluid, and others to adhere to particular parts of the internal surface of the pleura, constituting the *hydrothorax hydatidosus* of Sauvages. [In the

* On this part of the subject the opinion of Dr. Darwall deserves attention:—“Although,” says he, “so celebrated an author as Laennec has divided hydrothorax into idiopathic and symptomatic, we are by no means inclined to coincide with his views. If idiopathic hydrothorax mean any thing, it means a disease in which effusion of serum is the only affection, and in which there is neither inflammation of the pleuræ, nor serious disease in any other organ. Such an affection we have never seen, nor have we found upon record any satisfactory example of it.” See Cyclop. of Pract. Med., art. HYDROTHORAX. — ED.

† See Laennec on Diseases of the Chest, &c. p. 484—488. 2d edit. transl. by Forbes.

‡ Dr. Darwall, in Cyclop. of Pract. Med., art. HYDROTHORAX.

§ The French pathologists divide hydrothorax into two kinds; one termed *active*, and consisting in an augmented secretion from the pleura; the other called *passive*, and proceeding from a diminution in the absorbent power of the extremities of the veins, or from some impediment to the circulation of the blood in the venous trunks, to which the smaller veins tend. The latter case, like other dropsies, may depend upon some obstruction of the stream of blood at the very centre of the circulation, namely, in the heart itself. Affections of the lungs and of the heart are those in which hydrothorax presents itself as a complication, and, as Dr. Darwall justly observes (Cyclop. of Pract. Med., art. HYDROTHORAX), it is by its interfering with the functions of those organs, that suspicion of the presence of effusion is often first excited. — ED.

rare examples of idiopathic hydrophoracis, the cause is obscure, though probably dependent upon some change in the action of the exhalent vessels of the pleura. One remark made by Laennec* on this point deserves notice, as it coincides with the opinions of all the best writers in this country on dropsical diseases; namely, that whatever may be the difference between a case of hydrothorax and an acute pleurisy; or between a case of ascites from general debility or organic disease of the heart or liver, and the same disease from an attack of peritonitis; or, in short, whatever may be the difference in general between a dropsy and an inflammation, there can be no doubt, that these affections, so opposite in their extreme degrees, are nevertheless often very nearly allied in their slighter shades. We frequently find in the serum of ascites, or hydrothorax, filaments of albumen, almost as solid as a false membrane. Symptomatic hydrothorax, according to Laennec, may accompany almost every disease, acute or chronic, general or local. Its presence almost always denotes their approaching and fatal termination, and often precedes it only a few moments. It is perhaps not more frequent in cases of ascites and general anasarca, than in other diseases. It is most commonly met with in persons dead of acute fever, disease of the heart, or tubercles, or cancer. Its symptoms, which resemble those of the idiopathic disease, Laennec says, do not in general make their appearance but a few days, or even hours, before death. †]

GEN. I.
SPEC. IV.
Hydrops
thoracis.

Inflammation
and dropsy
sometimes
allied.

The only decisive symptom in this disease is the fluctuation of water in the chest, whenever it can be ascertained; for several of the other signs are often wanting, or, in a separate state, are to be found in other complaints of the chest as well as in dropsy, more particularly in asthma and empyema. And hence, in determining the presence of this disorder, we are to look for them conjointly, and not to depend upon any one when alone. Even when associated, we are sometimes in obscurity: and the difficulty of indicating the disease by any set of symptoms has been sufficiently pointed out by De Haen ‡; while Lentin §, Stoerck ||, and Rufus ¶ have given instances of its existence without any symptoms whatever; and Morgagni with few or none.** Bonet observes that dyspnoea †† is not an indication common to all cases ‡‡, and Morgagni, that startings during sleep, or on waking, do not always accompany the disease, and may certainly exist without it. Hoffmann and Baglivi have given, as an additional symptom, intumescence and torpitude of the left hand and arm; but even this affection, or the more ordinary one of laborious respiration, has existed without water in the chest. De Rueff relates a singular case in a man,

The only decisive sign, a fluctuation of water.

* Op. cit., p. 486.

† Op. cit., transl. by Forbes, 2d edit. p. 488.

‡ Rat. Med., P. v. p. 97.

§ In Blumenbach Biblioth. III.

|| Ann. Med., II. p. 266.

¶ Ad River. Observ. Med.

** De Sed. et Caus. Morb., Ep. xvi. art. 2. 4. 6. 8. 11.

†† Ep. cit., art. 28. 30.

‡‡ Sepulchr., lib. II. sect. I. obs. 72. 84. On the contrary, Laennec affirms, that the chief and almost the only symptom of this disease is the impeded respiration. This observation is probably correct; for, though Bonet makes exceptions, there is much ground for believing, that he refers to cases in which the effusion occurred only a little while before death, and where, of course, during the course of the disease which actually destroyed the patient, no particular difficulty of breathing might have been noticed. — ED.

GEN. I.
SPEC. IV.
Hydrops
thoracis.

Medical
treatment.

General prin-
ciples already
laid down.

Elaterium.

Squill pecu-
liarly valuable.

Foxglove of
doubtful
efficacy.

Cautionary ad-
vice of Maclean
during its use.

who was attacked with most of the symptoms jointly, at the age of about sixty, and was supposed to be in the last stage of this disease. He recovered by an ordinary course of medicine, and died at the age of eighty, with his chest perfectly sound to the last. *

The general principles to be attended to in the mode of treatment, are the same as have already been laid down under *HYDROPS cellularis*. Dr. Ferriar employed elaterium equally in both affections, and, in the present disease, with a degree of success that chiefly brought it once more into popular use. The squill is here a more valuable medicine than in most other species; as, independently of its diuretic virtue, it affords great relief to the dry and teasing cough, and in some degree, perhaps, to the pressure of the fluid itself, by exciting the excretories of the lungs to an increased discharge of mucus. Digitalis, as in other species of the same genus, is a doubtful remedy; its diuretic effects are considerable; but, however cautiously administered, it too often sinks the pulse, and diminishes the vital energy generally; and is particularly distressing, from its producing nausea and endangering deliquium; results which ought more especially to be guarded against in dropsy of the chest, as it is, in most cases, not merely a disease of debility, but of enfeebled age. Sir L. Maclean is a firm friend to its use in almost every case: but even he is obliged to admit, that the state of the pulse, the stomach, the bowels, and the sensorial function, should be attentively observed by every one who prescribes it. And, under the following provision, which he immediately lays down, there can be no difficulty in consenting to employ it. "If these be carefully watched, and *the medicine withdrawn as soon as any of them are materially affected*, I hesitate not to affirm, that no serious inconvenience will ever ensue from it, and that it may be administered with as much safety as any of the more active medicines in daily use."† Laennec considered diuretics and purgatives the chief means of relief.

* Nov. Act. Acad. Nat. Cur., tom. iv. 4to. Norimb. According to Dr. Darwall, the earliest symptom of effusion is an œdematous state of the eyelids, occurring chiefly in the morning; and often only remembered when the feet and ankles have been observed to swell in the evening. Then, in cases depending on disease of the heart, the external œdema increases, the dyspnœa and the difficulty of lying down become more distressing, the œdema of the face augments, and the lips become livid, and at times almost black. The termination is observed, in many cases, to be very sudden, and in fat individuals sometimes a very slight effort is sufficient to break the thread of life. When hydrothorax succeeds to bronchitis and pneumonia, the palpitation and other cardiac symptoms are said, by Dr. Darwall, to be generally absent, and increased dyspnœa is the only circumstance manifested. Previously to this, however, the face and feet swell, as in the former example. The patient then requires the head and shoulders to be raised, and is at length unable to lie down at all. The termination is seldom so sudden as when the heart is diseased, nor is the countenance so livid and purple. See Cyclop. of Pract. Med., art. *HYDROTHORAX*. — ED.

† Inquiry into the Nature, &c. of Hydrothorax, p. 171. Dr. Forbes has offered one valuable practical observation on the employment of diuretics:—"the undoubted fact," says he, "of a serous effusion being an almost uniform attendant on the inflammation of serous membranes, ought to make us slow to trust to mere diuretics, and other similar remedies, in cases wherein we have strong reason for suspecting dropsical effusion in the chest." (See Laennec on the Chest, note in p. 487. 2d edit.) Dr. Darwall admits, that the relief afforded by elaterium and croton oil is more speedy than that obtained by diuretics; but he

Blisters are, in many cases, of considerable avail; they act more directly, and therefore more rapidly and effectually, than in most other modes of dropsy, and should be among the first remedies we have recourse to.

The strong symptoms of congestion under which the heart seems, in some instances, to labour, have occasionally induced practitioners to try the effect of venesection: and there are cases in which it has unquestionably been found serviceable: as that more especially related by Dr. Home, in which he employed it seven times in the course of eighteen days, and hereby produced a cure.* I am induced to think, however, that, in this example, the dropsy was an effect of the obstruction under which the heart laboured, rather than that the obstruction was an effect of the dropsy. And, in all cases of this kind, no practice can be more prudent. But, when the dropsy is primary and idiopathic, all such obstructions will be more safely and even more effectually relieved by a quick and drastic purge, than by venesection.†

Opium is a medicine that seems peculiarly adapted to many of the symptoms; but by itself it succeeds very rarely, heating the skin and exciting stupor rather than refreshing sleep. When mixed, however, with the squill pill, or with small doses of ipecacuan, and, if the bowels be confined, with two or three grains of calomel, it often succeeds in charming the spasmodic struggle of the night, and obtaining for the patient a few hours of pleasant oblivion.

Besides blisters as external revellents, setons and caustics have sometimes been made use of, and especially in the arms or legs. Baglivi preferred the cautery, and applied it to the latter ‡; Zacutus Lusitanus to both, and employed it in connection with diuretics and tonics. §

Tapping is another external means of evacuating the water. The practice is of ancient date, and is described by most of the Greek writers. To avoid the effect of a dangerous deliquium from a sudden removal of the pressure, Hippocrates allowed; in many instances, thirteen days before the fluid was entirely drawn off. And to prevent the inconvenience resulting from a collapse of the integuments, and the necessity of a fresh opening, or the

GEN. I.
SPEC. IV.
Hydrops
thoracis.

Venesection, in
what cases
serviceable.

Rarely to be
employed in
idiopathic
affections.

Opium mostly
injurious alone;
but beneficial
with squills or
ipecacuan.

External re-
vellents.

Paracentesis:
of early origin.
How employed
by Hippo-
crates.

says, they cannot be employed in a debilitated state of the system. Cyclop. of Pract. Med., art. HYDROTHORAX. — ED.

* Clinical Experiments, p. 346. It appears to Dr. Darwall, that two circumstances may occur in hydrothorax, rendering blood-letting necessary; 1st, Pleurisy, acute or subacute; and, 2d, Congestion in the lungs. The latter is peculiarly liable to happen, when hydrothorax is connected with valvular disease of the heart. In the former case, he deems local bleeding, especially cupping, always the best. See Cyclop. of Pract. Med., art. HYDROTHORAX. — ED.

† A note made on this part of the subject by Dr. Forbes merits attention. "Dropsy of the chest," he says, "frequently accompanies organic disease of the heart; but still more frequently is the latter disease, when unattended by any effusion into the pleura, mistaken for the former. In cases of this kind, the stethoscope is of great use in directing the treatment; as the means so successful in relieving the dropsical affection, are at best useless in the lesions of the heart." (See Laennec on Dis. of the Chest, p. 489. 2d edit.) Andral states, that a diminution in the capacity of the right ventricle, without any other alteration of the heart, frequently accompanies dropsy. Anat. Pathol., t. ii. p. 292. — ED.

‡ Opp., p. 103.

§ Prax. Admir., lib. i. obs. 112.

GEN. I.
SPEC. IV.
Hydrops
thoracis.

Objections to
its use: mostly
a mere pallia-
tive; uncer-
tainty of obtain-
ing evacuation
from various
causes.

Hence to be
employed with
caution.

And only after
internal
remedies have
failed.

More fre-
quently used
on the Conti-
nent: and

retention of a cannula in the orifice through the whole of this period, he advised, that a small perforation should be made in one of the ribs, and that the trocar should enter through this foramen. *

There are two very powerful objections, however, to the use of the trocar. The first is common to most dropsies, and consists in its offering, in most instances, nothing more than a palliative. The second is peculiar to the present species, and consists in the uncertainty of drawing off any water whatever, from the obscurity or complicated nature of the complaint, upon which we have touched already. If the fluid be lodged in the pericardium, the duplicature of the mediastinum, or the cellular texture of the lungs, it is obvious that the operation must be to no purpose. And yet, with the rare exception of a palpable fluctuation in the chest, we have no set of symptoms that will certainly discriminate these different forms of the disease. It must be also equally in vain if the fluid be confined in a cyst, as has occasionally proved a fact, unless the operator should have the good fortune to pierce the cyst by accident. And, in a few instances, again, the fluid, which has at all times a striking tendency to become inspissated, has been found so viscid as not to flow: of which Saviard has given us a striking example. †

A considerable pause is necessary, therefore, before tapping is decided upon: nor ought it ever to be employed till the ordinary internal means have been tried to no purpose. But when these have been tried and without avail; and more especially when we have reason to ascribe the disease to local debility or some local obstruction rather than to a general decline of the constitution; and more especially still, when we have the satisfaction of ascertaining a fluctuation, or of noticing, as has sometimes occurred, that the ribs bulge out on the affected side, the operation may be ventured upon.

In a case in which all the precautionary steps just mentioned had preceded, and where a fluctuation was clear, Dr. Archer of Dublin drew off eleven pints ‡ at once by tapping, and the patient found instant relief, and was tolerably well for at least three years afterwards. §

On the Continent the operation of tapping is far more frequently tried than in our own country; and the German Mis-

* *Περὶ Ἑθνοῦ Παθῶν*, lib. LIII. p. 544.

† *Recueil d'Obs. Chirurgicales*, &c. Paris, 1784.

‡ M. Itard estimates the largest quantity of fluid ordinarily met with in hydrothorax as twelve or fourteen pints; but Portal cites an instance in which sixteen were contained in the chest; and Dr. Darwall saw one case, arising from an aneurism of the arteria innominata, where the quantity was fourteen or fifteen pints. — Ed.

§ *Transact. of the King and Queen's College, Dublin*, vol. ii. p. 1. Dr. Darwall considers this case to have been one of empyema, as having been preceded by pleurisy. (See *Cyclop. of Pract. Med.*, art. HYDROTHORAX.) Empyema being usually confined to one side of the chest, and the opposite lung comparatively empty, there is a greater prospect of benefit from discharging the fluid. On the other hand, as in hydrothorax both sides of the chest are affected, though perhaps not in an equal degree, and, as when the disease is so far advanced as to demand an operation, the cellular tissue of the lungs themselves is probably likewise the seat of effusion, the usefulness of the practice seems to Dr. Darwall very problematical. — Ed.

cellanies are full of cases of a successful event. In the volume of Nosology, I have given an account of many of these; in several of which the quantity of water evacuated appears to have been very considerable. Thus, in one instance, a hundred and fifty pounds were discharged at a single time: in others, between four and five hundred pounds by different tappings within the year: and in a single example nearly seven thousand pints, in eighty operations, during a period of twenty-five years through which the patient laboured under this complaint; having hereby prolonged a miserable existence, which doubtless would have terminated without it much earlier, but which, perhaps, was hardly worth prolonging at such an expense. In the Berlin Medical Transactions, there is a case of a cure effected by an accidental wound made into the thorax, by which the whole of the water escaped at once.*

In a few rare instances, we have reason to believe, that the disease ceased spontaneously, judging from the trifling remedies that were employed. †

GEN. I.
SPEC. IV.

Hydrops
thoracis.

hence more
numerous cases
of a successful
issue.

Quantity of
fluid evacuated
often very
enormous.

Disease has
sometimes
ceased spon-
taneously.

SPECIES V.

HYDROPS ABDOMINIS.

DROPSY OF THE BELLY.

TENSE, HEAVY, AND EQUABLE INTUMESCENCE OF THE WHOLE BELLY; DISTINCTLY FLUCTUATING TO THE HAND UPON A SLIGHT STROKE BEING GIVEN TO THE OPPOSITE SIDE.

THIS is the ascites of nosologists. It is sometimes a result of general debility, operating chiefly on the exhalents that open on the internal surface of the peritonæum ‡: sometimes occasioned by local debility or some other disease of one or more of the abdominal organs, considerably infarcted and enlarged, and sometimes a metastasis or secondary disease produced by repelled gout, exanthems, or other cutaneous eruptions: examples of all which are to be found in Morgagni §, and offer the three following varieties, which may not unfrequently be applied to the preceding species:—

GEN. I.
SPEC. V.

Ascites of
authors.

Causes and
variable seat of
the disease.

* Act. Med. Berol., vol. x. dec. I. p. 44.

† Hydrothorax being generally, perhaps always, merely a consequence of some other disease, it is only by removing the latter that a permanent cure of the dropsy can be accomplished; and, as Dr. Darwall observes, the goodness of our practice will depend very much upon the accuracy of our diagnosis relative to the original cause of the effusion. — ED.

‡ That there is strong reason for suspecting many dropsical effusions to depend upon increased exhalation, and not diminished absorption, has been already noticed. We have also adverted to the modern theory, now generally received, that dropsy is frequently connected with inflammation of serous membranes, and consequently that the effused serum is often the product, rather of an increased action of the vessels, than of their relaxation and debility. — ED.

§ De Sed. et Caus. Morb., Ep. xxxviii. art. 49.

GEN. I.
SPEC. V.

- α Atonica.
Atonic dropsy of the belly.
 β Parabysmica.
Parabysmic dropsy of the belly.
 γ Metastatica.
Metastatic dropsy of the belly.

Preceded by general debility of the constitution.
Preceded by or accompanied with oppilation or indurated enlargement of one or more of the abdominal viscera.
From repelled gout, exanthems, or other cutaneous eruptions.

α H. abdominalis atonica.

In the FIRST VARIETY, the fluid is found in the cavity of the abdomen. It is produced by any of the causes of general debility operating on an hydropic diathesis; and is frequently a result of scurvy, or various fevers.

β H. abdominalis parabysmica.

In the SECOND VARIETY, the organ most commonly affected is the liver, which is occasionally loaded with hydatids, and has sometimes weighed twelve pounds.* The gall-bladder is often proportionally enlarged and turgid, and has occasionally been found with an obliterated meatus, full of a coffee-like fluid, and together with its contents has weighed upwards of ten pounds.† The accumulation has also sometimes been discovered in the omentum‡, or sides of the intestines.§ In this second variety the disease is often denominated an encysted dropsy; a term, however, which will quite as well apply to dropsies of the ovaria, the Fallopian tube, and even the uterus and scrotum, as to that of the liver.

γ H. abdominalis metastatica.

In the THIRD VARIETY, the fluid is commonly deposited in the cavity of the abdomen; and is far more easily removed than in either of the others; often yielding, indeed, to a few drastic purges alone; except where, as sometimes happens in metastatic dropsy from repelled gout, the constitution has been broken down by a long succession of previous paroxysms.

Pregnancy concealed under dropsy, or mistaken for it.

Under the veil of dropsy, pregnancy has often been purposely disguised; and, sometimes, on the contrary, where pregnancy has been ardently wished for, and has actually taken place, it has been mistaken for a case of ascites; while, in a few instances, both have

* Dr. Elliotson observes, that when ascites is not the result of acute or decided inflammation, there are marks of structural change; and the dropsy is by some ascribed to disease of the liver, so frequently is that organ affected. "Where, however, the peritonæum is diseased, you will find that portion covering the liver very thick, quite white, and opaque; and I do not believe, that ascites arises from disease of the liver, but from a structural change in the peritonæum itself." The peritonæum is described not only as becoming thick, but assuming a satin whiteness. (See Lectures delivered at the London University, as reported in Med. Gaz. for 1832-33, p. 452.) However, Dr. Elliotson adds, that he has seldom opened a case of ascites, in which the liver was not diseased in some part or another. — Ed.

† The morbid changes in the kidneys, described by Dr. Bright as leading to dropsy, as well as the deposition of cholesterine in the diseased livers of dropsical persons, have been already particularly brought before the reader's notice in the section on cellular dropsy. The frequency of a diminution in the capacity of the right ventricle of the heart in dropsical persons, without any other change of this organ, is another interesting fact, to which Andral has invited attention, as already mentioned. — Ed.

‡ De Haen, Rat. Med., Pr. iv. p. 95. Senberlich, P. de Hydrope Omenti Saccato. Fr. 1752.

§ Frank, in Commentation. Goetting. vii. 74.

co-existed. Mauriceau, indeed, mentions a case of pregnancy recurring a second time along with dropsy*: and, in an hydropic diathesis, there is a general tendency to the latter whenever the former makes its appearance. If dropsy occur at a period of life when the catamenia are on the point of naturally taking their leave, and where the patient has been married for many years, without ever having been impregnated, it is not always easy, from the collateral signs, to distinguish between the two. A lady, under these circumstances, was a few years ago attended for several months by three or four of the most celebrated physicians of this metropolis, one of whom was a practitioner in midwifery, and concurred with the rest in affirming that her disease was an encysted dropsy of the abdomen. She was in consequence put under a very active series of different evacuants; a fresh plan being had recourse to as soon as the preceding had failed; and was successively purged, blistered, salivated, treated with powerful diuretics, and the warm-bath, but equally to no purpose: for the swelling still increased, and became firmer; the face and general form were emaciated, the breathing was laborious, the discharge of urine small, and the appetite intractable; till at length these threatening symptoms were followed by a succession of sudden and excruciating pains, that by the domestics, who were not prepared for their appearance, were supposed to be the forerunners of a speedy dissolution, but which fortunately terminated before the arrival of a single medical attendant, in giving birth to an infant that, like its mother, had wonderfully withstood the whole of the preceding medical warfare without injury.

In all common cases, the best means we can take to guard against deception are to enquire into the state of the menses, of the mammæ, and of the swelling itself. If the menses continue regular, if the mammæ appear flat or shrivelled, with a contracted and light-coloured areola, and if the intumescence fluctuate, there can be no doubt of its being a case of dropsy: but if, on the contrary, the mammæ appear plump and globular, with a broad and deep-coloured areola; if we can learn, which, in cases where pregnancy is wished to be concealed, we often cannot do, that the catamenia have for some time been obstructed; and if the swelling appear uniformly hard and solid, and more especially if it be seated chiefly just above the symphysis of the pubes, or, provided it be higher, if it be round and circumscribed, — though we may occasionally err, there can be little or no doubt, in most instances, of the existence of pregnancy. The most difficult of all cases is that, in which dropsy and pregnancy take place simultaneously. It is a most distressing combination for the patient; and is usually treated with palliatives alone till the time of childbirth. Chambon advises, that in urgent cases the legs and feet should be scarified.† But sometimes there is danger of instantaneous suffocation from the rapidity with which the dropsy advances, and the disproportionate dilatation of the peritonæum, the abdominal muscles, and the integuments. Scarpa has noticed such cases, and recommends immediate tapping, and that the trocar be introduced between the edge of the rectus muscle in the left hypochondrium and the

GEN. I.

SPEC. V.

γ H. abdominalis metastatica.

Both have co-existed:

not always easy to distinguish between the two.

Exemplified.

Ordinary characters distinctive of dropsy.

Ordinary characters distinctive of pregnancy.

Case truly distressing when the two unite.

Scarification.

Tapping:

* *Traité des Maladies des Femmes Grosses*, ii. pp. 59—204.

† *Maladies des Femmes*, tom. i. p. 28.

GEN. I.

SPEC. V.

γ H. abdomi-
nalis metas-
tatica.

in what way to
be performed.

Ordinary
causes of
dropsy of the
abdomen, those
of cellular
dropsy.

Why the pre-
sent species
produced by
these causes
rather than
cellular dropsy.

Why more
frequent.

General
symptoms.

Peculiar
symptoms.

Signs of en-
cysted dropsy,

as distinguish-
ed from dropsy
in the cavity of
the abdomen.

Medical treat-
ment.

Tapping rather
than scarifica-
tion.

margin of the false ribs ; in which situation it will run the least risk of injuring the uterus.* The reaction, however, which takes place in the abdominal muscles and organs thus suddenly set at liberty, is apt to bring on labour-pains, and consequently to produce a miscarriage : and on this account the present author would recommend, that the fluid should be drawn off at intervals, and not wholly at a single sitting.

The ordinary causes of dropsy of the abdomen are those of cellular dropsy, of which we have treated at considerable length already, and to which the reader may therefore refer himself: the only difference being, as in dropsy of the chest, that the excrements of these cavities are, from particular circumstances, more open at the time to the influence of whatever may happen to be the cause, than the excrements of the cellular membrane, or of any other part of the system. From the extent, however, of the abdominal region, and the connection of its cavity with so many large and important viscera, and especially with the liver, we can be at no loss in accounting for a more frequent appearance of dropsy under this species, than under any other.

The general symptoms, moreover, are those of cellular dropsy. The appetite flags, there is the same aversion to motion and sluggishness when engaged in it, the same intolerable thirst, dryness of the skin, and diminution of all the natural discharges. The peculiar symptoms, as distinct from cellular dropsy, are the gradual swelling of the belly, and, as a consequence of this, a dry, irritable cough and difficulty of respiration. †

It is often difficult to determine, whether the water be seated in the cavity of the abdomen or in a distinct cyst. But, generally speaking, if we have previously had reason to suspect a diseased condition of one of the ovaries, or if the swelling be local or unequal, and the constitution do not seem to enter readily into the morbid action, we may suspect the dropsy to be of the encysted form. While, on the contrary, if the animal frame evince general weakness, if the limbs be œdematous, the appetite fail, and the secretions be concurrently small and restricted, there is good reason for believing, that the fluid is effused in the cavity of the peritonæum.

The treatment of ascites, as to its general principles and plan, must be the same as that already laid down for anasarca or cellular dropsy ‡ : but here, instead of evacuating the water by scarification,

* Sulla Gravidanza susseguita de Ascite, &c. Freviso, 1817.

† As in most other dropsies, there is generally very little urine ; and so long as there is not disease of the heart, or pleuritis, or bronchitis, many patients breathe with an enormous collection of fluid in the abdomen, much better than might be expected. The swelling begins below, and gradually ascends, till the whole abdomen is distended with the fluid. — EN.

‡ In every case, the cause of the disease must be considered before a judicious practice can be determined upon ; in particular, the practitioner should consider, whether the cause be inflammation, plethora, obstruction to the return of blood, or some change in the blood itself, or whether the dropsy be encysted. “ If dropsy be connected with inflammation, the urine is scanty and high-coloured, and, on boiling it, or adding to it nitric acid, it very often, but not always, deposits albumen.” (See Armstrong’s Lect. on the Morbid Anatomy, Nature, and Treatment of Acute and Chronic Diseases, p. 848.) If, with this state of urine, the pulse should be hard and frequent, the tongue furred, and the skin hot

we can often advantageously draw it off at once by tapping. Where, indeed, the dropsy is of the encysted kind, our efforts will sometimes prove in vain; for we may either miss the proper viscus, or the fluid, lodged in the separate vesicles of a vast aggregation of hydatids, amounting sometimes to seven, eight, or nine thousand at a time*, cannot be set free. But, where it lies in the peritonæal sac alone, or on the outside of this sac alone, we can often afford very great relief by this simple process, and sometimes an effectual cure. It ought, therefore, by no means to be delayed, as it often is, till the debility, from being local, has become general; nor can the operation be too soon performed after a fluctuation is distinctly felt, and the swelling from its bulk has become troublesome to the breathing, and interferes with the night's rest. Nor should we be deterred, if the first evacuation do not fully succeed. On the contrary, if the general strength seem to augment for some time after the operation, the appetite to improve, and the usual symptoms of the disease to diminish, we may take courage from our first success, and augur still more favourably from a second, or even a third attempt, if it should be necessary. Various cases have fallen to the lot of the author, in which a radical cure has been completed in this manner: nor are instances wanting, in which the patient has only recovered after the twelfth time of operating. Hautesierk gives an instance of cure after sixty tapplings within two years and a half, in conjunction

GEN. I.

SPEC. V.

Hydrops
abdominis.

Treatment.

Where the water is encysted, the operation often unsuccessful.

But when in the peritonæal sac, peculiarly useful; and to be performed early in the disease, after fluctuation is felt.

Operation will often require to be repeated,

and that many times.

Sixty tapplings within two years and a half.

towards night, Dr. Armstrong recommends bleeding, purging, and a regulated diet, assisted by digitalis, squill, calomel, or colchicum. If obstruction to the return of blood be the cause of ascites, he prescribes alteratives every second night, and daily purging by calomel, elaterium, or turpentine, with alkalies, and a regulated diet. Where the bronchial mucous membrane is affected, he is in favour of purging, diaphoretics, and a regulated temperature. If the heart be obstructed, he praises alteratives, purging, and moderate blood-letting, with a bland diet, and rest. If ascites depend upon plethora, the means of relief recommended by this physician are bleeding, purging, a low diet, and the warm bath. If ascites be conjoined with some change in the blood, proceeding from disorder of the digestive organs, he prescribes gentle laxatives daily, and mild alteratives every other night, with fresh air, a bland diet, and venesection, or leeches, if requisite.

All medical practitioners now agree, that the kind of treatment called for by ascites must depend very much upon the settlement of the question, whether inflammation is present or not? If it be present, the cure of it will generally remove the dropsy; but when no inflammation exists, elaterium, creme of tartar, or other hydragogue purgatives may be cautiously tried. Dr. Elliotson begins with one fourth of a grain of elaterium every other day, and, if the patient bear this medicine well, the dose is gradually increased to a grain or a grain and a half, though occasionally to five grains. While elaterium is thus prescribed every other day, the patient should be supported with wine, "so that while you drain him well, you make him some sort of amends for it." When there is organic disease, Dr. Elliotson prescribes mercury, or iodine. "If," says he, "you choose to treat the disease with diuretics, which is frequently a good practice, squills, digitalis, and mercury, answer exceedingly well. This is not so certain a practice as treating the case by hydragogues, which are also diuretics; but if you adopt it, you will frequently find, that the kidneys will not act, and yet, if you tap the patient, they will act directly." (See Lectures delivered at the London University, as published in *Med. Gaz.* for 1832-33, p. 453.) These valuable observations agree precisely with what every man of experience must have remarked.

— ED.

* *Commerc. Nor.* 1731, p. 271.

GEN. I.
SPEC. V.

Hydrops
abdominis.
Treatment.
Broad belt or
bandage passed
tight.

Internal eva-
cuations.

The thirst may
be quenched
by an indul-
gence in sub-
acid drinks.

Alliacea for
ordinary food,
and asparagus.

Tapping does
not always
radically suc-
ceed: and
why.

But still use-
ful as a pal-
liative.

Quantity eva-
cuated some-
times enor-
mous.

Exemplified.

Operation often
repeated on the
same person.

Exemplified.

Has been car-
ried off spon-
taneously.

with a steady use of aperients and tonics*; and Martin, in the Swedish Transactions, relates another instance of an infant of four years old restored after a second use of the trocar, in conjunction with a like course of medicines. The support of a broad belt or bandage should always be had recourse to afterwards, which should be drawn as tight as the patient can bear it with comfort, for the pressure will tend to prevent a re-accumulation. In a few instances, indeed, it has proved stimulant enough to excite the absorbents into rapid action, and carry off the water without the operation of tapping.†

Internal evacuants, therefore, as far as the strength will allow, and tonic restoratives generally, should be called to our aid through the entire process of cure, as already recommended under *HYDROPS cellularis*. The thirst, which is often unconquerable, and the most distressing of all the symptoms, may be allayed, as we have already pointed out, by a free use of subacid drinks, the desire for which is by no means to be repressed, as the absorbents of the skin are always stimulated by the irritation of an ungratified desire to imbibe far more fluid from the atmosphere than any indulgence in drinking can amount to. As ordinary food, the alliaceous plants, which give an agreeable excitement to the stomach, and at the same time quicken the action of the kidneys, will be found highly useful: and asparagus, which, in an inferior degree, answers the last of these purposes, may make a pleasant change in its season.

It must be confessed, that tapping is often employed without radical success; for the disease, under all its modifications, is too often incurable. Yet, even in the worst of cases, it has its advantage as a palliative; and it is no small consolation to be able to procure temporary ease and comfort in the long progress of a chronic, but fatal disease.

In some instances, the quantity of fluid, evacuated by the operation of tapping, has been enormous. It has often amounted to eight gallons at a time, and Dr. Stoerck gives an instance of twelve gallons and a half.‡ Guattani relates a case, in which thirty pints of an oily fluid were discharged by a single paracentesis. This disease was produced by an aneurismal affection.§ The operation has frequently been repeated forty or fifty times upon the same patient; and sometimes much oftener. In one case, it was practised ninety-eight times within three years.|| And another case is recorded, in which the operation was repeated a hundred and forty-three times.¶ Dr. Scott, of Harwich, performed the operation twenty-four times in only fifteen months, and drew off a hundred and sixteen gallons in the whole.**

Occasionally, both abdominal and cellular dropsy have been carried off by a spontaneous flow of water from some organ or other. In the latter species, most frequently by a natural fontanel in some one of the extremities, as the hand, foot, or scrotum.†† In

* Receuil, ii.

† Hasson, *Annuaire Medico-Chirurgical*.

‡ *Ann. Med.*, i. p. 149.

§ *De Aneurismatibus*.

|| *Edin. Med. Communications*, vol. iv. p. 378.

¶ *N. Samml. Med. Wahrnehmungen*, b. iii. p. 94.

** *Edin. Med. Comment.*, vol. vi. p. 441.

†† *Riedlin, Linn. Med.* 1696, p. 258. *Schenck, lib. III. sect. II. obs.* 136. ex *Hollerio, obs.* 140, 141.

the former, by a spontaneous rupture of the protuberant umbilicus, of which the instances are very numerous*: and hence many operators, taking a hint from this spontaneous mode of cure, have preferred making an incision into the umbilicus with a lancet to the use of the trocar. Paullini relates a singular mode of operation, and which, though it completely succeeded, is not likely to be had recourse to very often. The patient, not submitting to the use of the trocar, had the good fortune to be gored in the belly by a bull; the opening proved effectual, and he recovered.† [Of late, a new proposal has been made, and even put in practice, to tap the abdomen through the fundus of the bladder, and then to maintain the communication between the cavity of the peritonæum and that of the bladder. In the case, however, related by Dr. Andrew Buchanan‡, the latter object was not effected, so that no opportunity was afforded of estimating the good or bad consequences of it. The risk of an extravasation of urine in the abdomen, however, and the dangerous irritation likely to attend any attempt to keep up a fistulous communication of the kind referred to, are considerations adverse to the success of the plan.]

There are also a few instances of a subsidence of the accumulation upon a spontaneous efflux of some other kind; especially of blood, and chiefly from the hemorrhoidal vessels.§ Where, indeed, as has sometimes happened, abdominal or cellular dropsy, or both, have been produced from inflammatory oppilation, on suddenly catching cold, free venesection has proved the most effectual, and sometimes the only means of carrying it off, which in a few instances it has, with a general freedom of action to the kidneys, as well as to other organs, almost instantaneously.||

GEN. I.
SPEC. V.
Hydrops
abdominis.
Treatment.
Has been cured
by an accident.

Sometimes
carried off by a
vicarious dis-
charge.
Venesection.

SPECIES VI.

HYDROPS OVARII.

DROPSY OF THE OVARY.

HEAVY INTUMESCENCE OF THE ILIAC REGION ON ONE OR BOTH SIDES; GRADUALLY SPREADING OVER THE BELLY; WITH OBSCURE FLUCTUATION.

THERE is the same difficulty in distinguishing this disease from pregnancy as in dropsy of the belly: and, consequently, the same mistakes have occasionally been made. There is also quite as much difficulty in distinguishing it from the parabysmic variety of abdominal dropsy, especially when the liver is the organ enlarged

GEN. I.
SPEC. VI.
May be mis-
taken for
pregnancy;

* Desportes, Hist. de Malad. de St. Domingue, ii. 122. Schenck, lib. III. sect. II. obs. 147. Forestus, lib. XIX. obs. 33.

† Cent. II. obs. 10.

‡ See Glasgow Med. Journ., vol. i. p. 195.

§ Saviard, Observ. Chir., p. 150.

|| Edin. Med. and Surg. Journ., No. lxxi. Dr. Graham. The rest of the treatment of *hydrops abdominis* will be found under the head of *hydrops cellularis*. It is always an advisable plan, when the water is diminishing, to have the abdomen well bandaged. — Ed.

GEN. I.

SPEC. VI.

Hydrops ovarii.

or a variety of abdominal dropsy.

In the last case, the mistake of not much importance.

Distinguishing signs of pregnancy.

Distinguishing signs of dropsy of the ovary.

Sometimes found in pregnant women: but more frequently in barren.

Found also in the young as well as in the old.

Quantity of fluid considerable.

and filled with hydatids. Yet, in this last case, the confusion is of less consequence, as the general mode of treatment will not essentially vary. Pregnancy, when it first alters the shape, produces an enlargement immediately over the pubes, which progressively ascends, and when it reaches the umbilicus assumes an indefinite boundary. In the atonic or common variety of abdominal dropsy, the swelling of the belly is general and undefined from the first. And in dropsy of the ovary or ovaries, it commences laterally, on one or both sides, according as one or both ovaries are affected. And it is hence of the utmost importance to attend to the patient's own statement of the origin of the disease and the progressive increase of the swelling. It is generally moveable when the patient is laid on her back; and as the orifice of the uterus moves also with the motion of the tumour, by passing the finger up the vagina, we may thus obtain another distinctive symptom. When there are several cysts in the ovary, we may perceive irregularities in the external tumour.*

This disease is sometimes found in pregnant women; but far more commonly in the unimpregnated and the barren. It is also met with in the young and those who regularly menstruate, as well as in those whose term of menstruation has just ceased. The accumulation of fluid is often very considerable. Morand drew off four hundred and twenty-seven pints within ten months†; and Martineau four hundred and ninety-five within a year; and, from the same patient, six thousand six hundred and thirty-one pints, by eighty punctures, within twenty-five years.‡

* Encysted dropsy of the ovary may usually be discriminated from ascites by the following circumstances: — The tumour commences on one side of the abdomen, its surface is unequal, and its fluctuation, if felt at all, is very unequal. The health is at first but little impaired, and the thirst, scanty urine, and other symptoms which characterise general dropsy, are wanting. The catamenia are usually extremely irregular, or altogether suppressed. According to Dr. Seymour, when both ovaria are diseased, the menses are always absent. (See Illustrations of some of the principal Diseases of the Ovaria, 8vo. Lond. 1830; and Dr. R. Lee, in Cyclop. of Pract. Med., art. OVARIA.) Ovarian cysts are often combined with considerable enlargement of the ovary itself, which becomes converted into a whitish, hard, cartilaginous mass, resembling a fibrous tumour of the uterus. Portions of such tumours of the ovary sometimes have calcareous matter deposited in them, while, in other instances, instead of being converted into solid earthy matter, they undergo a softening process, by which their fibrous structure is completely destroyed, and large irregular cavities formed, containing a dark-coloured gelatinous fluid. Dr. Seymour has described these ovarian tumours under the term of scirrhus of the ovaria, though, as Dr. R. Lee justly observes, they are not of a malignant nature, and have no tendency to degenerate into cancer. Op. et loco cit. — ED.

† Mém. de l'Acad. de Chir., ii. 448.

‡ Phil. Trans. 1784, p. 471. The cyst is preserved in the Hunterian Collection. Dr. Elliotson saw one instance in which 84 pints were drawn off by a single tapping; and Mr. Chevalier another, in which 636 pints were discharged. (See Med. Gaz. for 1832-33, p. 454.; and Med. Chir. Trans.) The fluid of ovarian dropsies is found to be exceedingly greasy, and to contain a substance analogous to adipocire. Dr. Bostock terms it albuminous-serous matter, and says, that it differs from cholesterine. (See Med. Chir. Trans., vol. xv.) The fluid often looks like coffee, pea-soup, or melted jelly. The thicker and darker the fluid, and the more it abounds in flakes of greasy matter, the worse is the prognosis, in relation to the prospect of a cure, or even of long relief from an operation, because those circumstances manifest that the interior of the cyst has been at times the seat of inflammation, which is then apt to follow paracentesis, and to prove fatal. — ED.

There is a tombstone near Dartford in Kent, erected to the memory of Ann, daughter of John Mumford, Esq., of Sutton Place, which proceeds to tell us, that "her death was occasioned by a dropsy, for which, in the space of three years and ten months, she was tapped one hundred and fifty-five times. She died the 14th of May, 1778, in the twenty-third year of her age, an example of patience, fortitude, and resignation." The species of dropsy is not indeed stated, but Sir Astley Cooper, who has also referred to this monument*, regards it, and with much probability, as an ovarian case.

GEN. I.
SPEC. VI.
Hydrops ovarii.

The disease commences, and indeed often continues for years, without much affection of the general health; yet it is insidious, and the constitution at length suffers and falls a prey to it; the exceptions, indeed, are rare.† Yet Dr. Baillie knew of one instance, in which the disease disappeared spontaneously, after it had existed for nearly thirty years, and the patient remained in good health permanently.‡

Disease little observed at first, but preys upon and at last undermines the general health.

Internal medicines have been rarely found efficacious, and, when tried, must consist of those already noticed in the treatment of cellular dropsy.§ Tapping affords the same ease as in abdominal dropsy, and the operation is to be performed in the same manner. I had lately a lady under my care for six or seven years, who required the operation to be performed at first every six months, afterwards every three months, and at length every month or six weeks. She rose from it extremely refreshed, and in good spirits; and often on the same evening joined a party of friends, and was sometimes present at a musical entertainment. In about six years, however, her health completely gave way, and she sunk under the disease.

Medical treatment.

Internal medicines.

Tapping:

affords rapid ease.

* Lectures, vol.ii. p. 374. 8vo. 1825.

† The injurious effects on the system proceed from the pressure and irritation of the cysts on the abdominal and pelvic viscera. A portion of the cyst may descend between the bladder and rectum, and thus interrupt the evacuation of the urine and feces. The symptoms of a stricture of the rectum may be thus excited. The editor has attended several cases of ovarian dropsy, in which he has been obliged to draw off the urine with a catheter. In a lady who was under the care of Dr. R. Lee, the pressure of an ovarian or uterine tumour upon the neck of the bladder rendered the use of the same instrument indispensable. (See Cyclop. of Pract. Med., art. OVARIA; also Dr. Park and Dr. Merriman's papers in the Med. Chir. Trans., vols. iii. and x.) Interruption to the return of blood from the lower limbs and pelvic viscera, and inflammation and suppuration of the cyst, are other sources of annoyance and danger sometimes occurring. — ED.

‡ Lectures and Observations on Medicine, 1825, unpublished. Dr. Mead records one example, in which eighteen pints of fluid were discharged from the navel, in consequence of a rupture of the sac; and the particulars of another case are given by Dr. Blundell, in which a lady, afflicted with ovarian dropsy, fell from her carriage, and received a violent blow on the abdomen, followed by a considerable evacuation of urine: she recovered, married, and dying ultimately of retroversion of the uterus, was carefully examined, when it was ascertained that the ovarian cyst had been ruptured by the former accident, and its contents had been effused in the cavity of the peritonæum, whence it had been absorbed. — ED.

§ Mercury and iodine are the medicines principally tried, and this sometimes both externally and internally, though even with less success than in ascites; for it would appear that either the inner surface of an ovarian cyst is not so actively absorbent as the peritonæum, or is less readily influenced than that membrane by medicines to quicken the action of those vessels by which alone the accumulated fluid might be removed. — ED.

GEN. I.
SPEC. VI.
Hydrops ovarii.
Treatment.
Pregnancy occurring during the existence of disease.
Exemplified from Maclean.

Fluid often lodged in cysts or hydatids.
Hence great difficulty in puncturing successfully.
Illustrated.

Hence the operation declared by Tozzetti to be of no use.
Radical cure by inflammation.

So little, however, is the general health interfered with for the first year or two, that the patient occasionally becomes pregnant while the accumulation continues to increase, and often produces a living offspring. Sir L. Maclean has given an interesting case of this kind, in which there was not only an extensive dropsy, but an abscess of the ovary, and a discharge of pus as well as of water on tapping, which was performed five times during a single pregnancy. The patient passed easily through her labour, but died within five months afterwards upon a bursting of the abscess into the peritonæal sac. On examining the body, two pints of "a thick, brown, well-digested pus were found to have escaped into the cavity of the abdomen, and three pints more in the ovarian sac. The opening was large enough to admit of three fingers; and the external surface of both the large and small intestines was found inflamed, and verging in some places on gangrene." *

The fluid is in this species, also, sometimes lodged in a cyst, occasionally in many cysts †, or perhaps hydatids, and there is great difficulty in ascertaining its exact situation, and consequently in puncturing it, and especially in evacuating the water when there is more than one cyst. A distinguished and skilful friend of the author's not long since made an attempt on a lady, who had been affected with the disease for some years; yet unfortunately not a drop of serum issued, but instead of it a pint of blood. The swelling of the abdomen has since increased to an enormous size; internal medicines have proved of little avail, and she has not consented to another trial of the trocar. It was probably from an equal want of success, that Tozzetti long since declared the operation to be of no avail ‡; and that Morgagni denounced it not only as useless but mischievous. § Le Dran endeavoured to effect a permanent cure afterwards by incision and suppuration, as in the radical cure for scrotal dropsy. Other practitioners have used injections of port wine; and others again have forced a tent into the wound made with the trocar. These have sometimes succeeded; but a dangerous inflammation is too apt to follow, and

* Inquiry into the Nature, &c. of Hydrothorax, Appx. p. 1. 8vo. 1810.

† In Dr. Seymour's work on the ovaria, it is stated, that "the first form of this disease, and the simplest, is from an enlargement or alteration of the corpora Graafiana." This opinion is corroborated by the authority of Cruveilhier. The case of two or more cysts is attributed to the enlargement of two or more vesicles. (See Illustrations of some of the principal Diseases of the Ovaria, pp. 44, 45. 8vo. Lond. 1830.) As cysts with a fibrous covering are formed in parts where this explanation of their origin is out of the question, the subject appears far from being well determined. — ED.

‡ Osservazioni, &c.

§ De Sed. et Caus. Morb., Ep. xxxviii. art. 68, 69. Professor Delpech gives many reasons in support of the same view. (Chirurgie Clinique de Montpellier, 4to. 1823-28, 2 tomes.) So long as an ovarial dropsy does not occasion very urgent symptoms, the editor always recommends the patient not to be in a hurry to undergo paracentesis. Dr. Elliotson also remarks, that the best practice, in cases of encysted dropsy of the ovary, is to support the patient's strength, to put off tapping as long as possible, and give no medicine whatever, except it be iodine. (Lectures delivered at the London University, as reported in Med. Gaz. for 1832-33, p. 455.) One consideration offered by this able physician against resorting to the operation early, is, that there may be many cysts at first, which afterwards unite into each other, so that the fluid now admits of being effectually discharged, which was evidently not the case in an earlier stage. — ED.

occasionally death itself.* Dr. Percival relates a cure produced by vomiting; in which a salutary transfer of action seems to have taken place.† [Mr. Abernethy, after paracentesis, prevented another accumulation of fluid in the sac, by repeatedly blistering the integuments; but the plan has rarely answered.]

Extirpation of the diseased ovarium was rather proposed, than practised, by the surgeons of the preceding century. De Haen regarded the operation as doubtful‡; and Morgagni asserted it to be impossible.§ L'Aumonier, however, chief surgeon of the Rouen hospital, successfully extracted the organ upwards of fifty years ago; and a few other practitioners have operated with a like favourable issue since: and especially in several parts of America. Thus Dr. Smith, of Yale College, Connecticut, has completely succeeded in removing the organ, notwithstanding the operation was impeded by numerous adhesions||; while Dr. McDowal of Kentucky has not only, in several cases, extirpated, with a full restoration to health, a dropsical or otherwise diseased ovary, but laid open the peritonæum to a great extent, for extirpating other tumours in the abdomen.¶ It must be admitted, however, that the operation is a very hazardous one, and, in spite of Dr. McDowal's success, often useless, even when it does not prove fatal. Mr. Lizars, of Edinburgh, with as much skill and judgment as have perhaps ever been evinced, succeeded but once in three distinct cases; and even in this he did not venture to extract the other ovary, though evidently in a morbid state. In his second case, the patient died in about eight and-forty hours after the operation. In the third, the tumour was so adherent to other organs, and especially so thickly inosculated with the omentum, that excision was impracticable. The patient recovered from the section, but with an entire retention of the disease.**

GEN. I.
SPEC. VI.
Hydrops ovarii.
Treatment.
Cure by vomiting.
Extirpation proposed, but objected to.
Illustrated.

Performed successfully.

SPECIES VII.

HYDROPS TUBALIS.

DROPSY OF THE FALLOPIAN TUBE.

HEAVY ELONGATED INTUMESCENCE OF THE ILIAC REGION, SPREADING TRANSVERSELY; WITH OBSCURE FLUCTUATION.

THIS species is not common. Dr. Baillie, however, among others, has particularly noticed and described it in his morbid anatomy, in a case referred to in the volume of Nosology. Its mode of

GEN. I.
SPEC. VII.
Species rarely met with.

* Denman, Introduction to the Practice of Midwifery, ch. III. sect. XII.

† Ep. II. p. 156.

‡ Rat. Med., P. IV. C. III. sect. III.

§ De Sed. et Caus. Morb., Ep. XXXVIII. art. 69, 70.

|| American Med. Rev., 1822.

¶ Lizars, in Edin. Med. Journ., No. lxxxi. p. 250. and No. lxxxiv.

** Observations on Extraction of diseased Ovaria, illustrated by Plates, fol. Edin. 1825. For an ingenious account of the structure and formation of ovarian cysts, the reader should consult Dr. Hodgkin's paper in the Med. Chir. Trans., vol. XV. — ED.

GEN. I.
SPEC. VII.
Hydrops
tubalis.

Tapping may
be tried, but
its success
doubtful.

Quantity of
fluid exceeds
that of the last.
Exemplified.

Causes, pro-
gress and in-
ternal treat-
ment as under
the last.

treatment is that of dropsy of the ovary. Tapping may be attempted; but, as the water lies frequently in hydatid vesicles, or distinct sacs, success is doubtful.

The quantity of fluid is for the most part larger than in the ovarium. Munick mentions a case, in which the distended tube contained a hundred and ten pints of fluid *; Harder one, in which the fluid measured a hundred and forty pints †; and Cypriani another, that afforded a hundred and fifty pints at a single tapping. ‡ Weiss describes a case of complicated dropsy, distending both the ovarium and the Fallopian tube. §

The causes and progress, as well as general mode of treatment, are those of dropsy of the ovary. Its chief distinctive symptom is the elongated line which the swelling assumes, and the direction it takes towards the iliac region on the one side or on the other.

SPECIES VIII.

HYDROPS UTERI.

DROPSY OF THE WOMB.

HEAVY, CIRCUMSCRIBED PROTUBERANCE IN THE HYPOGASTRIUM, WITH OBSCURE FLUCTUATION; PROGRESSIVELY ENLARGING, WITHOUT ISCHURY, OR PREGNANCY; MOUTH OF THE WOMB THIN, AND YIELDING TO THE TOUCH.

GEN. I.
SPEC. VIII.
Hydrometra of
Sauvages, who
makes the
species nume-
rous: but not
called for.

Often found in
cysts.
Supposed
causes.

SAUVAGES makes not less than seven species of this disease, which he calls hydrometra, and which with him occurs as a genus. The distinctions, however, are of too little account to call for such a subdivision; and one or two of the species have been by many writers regarded as doubtful: particularly the hydrometra gravidarum, or dropsy of the womb during pregnancy. || Dr. Cullen conceives it to be altogether unfounded, and hence makes the symptom of *citra graviditatem* a pathognomonic character of the complaint. But, to this subject we shall have to return presently.

The disease is rarely however to be met with in the cavity of the uterus, and when this is the case, the orifice is perfectly closed. It is much more frequently to be found in a particular cyst, or the walls of an hydatid, or a cluster of hydatids, or between the tunics of the organ. It is for the most part the result of a scirrhus, or some other morbid, change in the organ. A membranous or cellular dropsy is the variety most commonly assumed, in which the uterus is sometimes distended to an enormous size, and the abdomen seems to be labouring under an anasarca.

* Apud Manget.

† Apiar., Obs. 87, 88.

‡ Epistola historiam exhibens foetus humani ex tuba excisi. Leid. 1700.

§ Abhandl. einer ungewöhnlichen Krankheit, &c. Rastadt, 1785.

|| Clarke, Observations on the Diseases of Females, &c. 8vo. 1821.

The water, when in the cavity of the uterus, may often be evacuated by a cannula introduced into the mouth of the organ; and if this should be prevented by a scirrhus, cicatrix, or tubercle lying over its mouth, a rupture of the sac in which the fluid is lodged may sometimes be produced by a violent shock of electricity passed through the hypogastric region, hard exercise, or emetics.

A sudden fall has often had the same effect. Tozzetti relates a case of cellular dropsy of the womb, which extended down the thigh and leg on one side; and disappeared by a spontaneous discharge of the water from the cuticle of the leg affected.*

The uterus has also been said to be sometimes affected with dropsy, in consequence of a conveyance of the water, accumulated in the cavity of the abdomen in dropsy of the belly, into the uterine cavity by means of the fringed termination of the Fallopian tubes. Of this cause, however, there does not appear to be any satisfactory proof. "Yet I must confess," says Dr. Denman, "I have seen some cases of water collected, and repeatedly discharged from the uterus in the state of childbed, which I was unable to explain on any other principle."† Possibly, in this last case, a better explanation might have been sought for in an irritable state of the vessels that throw forth the liquor amnii during pregnancy itself, and which, under this kind of stimulus, may have secreted it to excess.

This, in effect, is the commonly supposed cause of a dropsy of the uterus while in a state of pregnancy; which, however denied by some writers, appears to be very sufficiently established, and to be even capable of removal by the operation of paracentesis. Langio‡ and Lamper§ recommend this mode of treatment, and Scarpa gives an instance of its curative effect. "In October, 1808," says he, "my colleague Nessi successfully punctured the dropsical uterus of a countrywoman, aged thirty-five years, who, in the fifth month of her pregnancy, was threatened with suffocation. The perforation was made in the linea alba, between the pubes and the umbilicus. The woman gave birth to two children, who died soon after. The patient rose on the fourteenth day from that of the operation, but was seized with menorrhagia, which, however, was productive of no ultimate evil." This result is to be expected; for we have already observed, that even tapping in ascites during pregnancy is apt to lead to a like issue. Scarpa himself was once consulted in a case of dropsy of the abdomen, in conjunction with a probable dropsy of the womb. On performing the operation for the former, as we have already described it, from twenty-five to thirty pounds of fluid were evacuated, and the patient immediately felt great relief. But, on the ensuing night, labour-pains were induced, and two fœtuses of six months old were expelled, which died in a few seconds; antecedently to the birth of which, upon a rupture of the membranes, not less than fifteen pounds of liquor amnii, as calculated by the attendants, were thrown forth as by a flood. The patient had a rapid recovery, and,

GEN. I.
SPEC. VIII.
Hydrops uteri.
Medical treatment.

Dropsy of uterus while in a state of pregnancy accounted for.
Mode of cure exemplified.

Complicated with abdominal dropsy.

* Osservazioni Mediche. Firenz. 1752.

† Introduction to the Practice of Midwifery, ch. III. sect. IX.

‡ Lib. I. epist. XXIX.

§ Dissert. de Hydropoe.

GEN. I.
SPEC. VIII.
Hydrops uteri.

in a few years, became twice pregnant, and was delivered with facility.*

The internal treatment of this species of dropsy is that of the preceding.

SPECIES IX.

HYDROPS SCROTI.

DROPSY OF THE SCROTUM.

SOFT, TRANSPARENT, PYRIFORM INTUMESCENCE OF THE SCROTUM; PROGRESSIVELY ENLARGING, WITHOUT PAIN.

GEN. I.
SPEC. IX.
Hydrocele of
Heister and
others.

THIS is the hydrocele of Heister and other writers; and offers the two following varieties: —

- α Vaginalis.
Vaginal dropsy of the
scrotum.
- β Cellularis.
Cellular dropsy of the
scrotum.

The fluid contained in the tunica vaginalis or surrounding sheath of the testis.

The fluid contained in the cellular membrane of the scrotum.

α H. scroti
vaginalis.

The ordinary causes of the FIRST VARIETY are not known with any degree of certainty. In the majority of cases, it seems to be unconnected with any particular state of the health or constitution. It has, however, been known to follow contusion of the scrotum, though, in almost all cases, no such cause can be suspected. Van der Harr asserts, that it occurs more frequently on the left than on the right side.† Delattre describes a congenital example of it.‡

β H. scroti
cellularis.

The SECOND VARIETY takes easily the pressure of the finger, and is mostly an accompaniment of general cellular dropsy, or a prelude to it. If it be an idiopathic affection, it may be removed by scarification.

The vaginal or
first variety,
the proper
disease.

The vaginal dropsy of the scrotum is the proper disease, and is elastic to the touch. It sometimes takes place with great rapidity, but in general very slowly. In some cases, the tunic is extremely distended, and the whole scrotum rendered transparent, so that a candle may be seen through its contents.

Varies in the
speed of its
advance.

Tunic some-
times distended.

On the Malabar coast, Kœmpfer asserts that the disease is endemic§: and the scrotum has been sometimes found to weigh sixty pounds.|| And Mr. D. Johnson of the Bengal establishment

Has weighed
sixty pounds.

* Sulla Gravidanza sussguita de Ascite. Trevisis, 1818.

† Waarneeminge.

‡ Journ. de Méd., tom. xxxii. By a congenital hydrocele is now usually signified that form of the disease, in which the communication between the cavities of the peritonæum and tunica vaginalis is unclosed, and fluid collects within the latter. — ED.

§ Amœnitat. Exotic. Here probably Kœmpfer must be referring to the sarcomatous enlargement of the scrotum so frequent in hot climates, and not to hydrocele, the weight of which is much less than that of a solid tumour. — ED.

|| Mémoires de Paris, 1711, p. 30.

tells us, that the native surgeons cure it sometimes by a cataplasm of tobacco leaves, and sometimes by one of pounded indigo leaves, and crude sal ammoniac. He adds, that they perform occasionally the operation for a radical cure by incision.*

In recent cases, emetics have appeared peculiarly serviceable; and astringents and stimulants may be tried in the form of cataplasms or fomentations; as vinegar, with or without a solution of muriate of ammonia, or neutralised with subcarbonate of ammonia.† When there is much pain, leeches should be previously applied. If this do not succeed, the sac must be opened, and the fluid be evacuated by a lancet‡ or the trocar. But the water soon reaccumulates, and the same palliative must usually be had recourse to three or four times a year. Van Swieten mentions the case of a dignified ecclesiastic, who was obliged to have the operation performed every three months for twenty years in succession.§ And I had lately a patient who submitted to it as often, for many years of the latter part of his life, though he did not live so long as Van Swieten's patient.

The only radical cure we are acquainted with is that of obliterating the cavity, by exciting an inflammation in the vaginal and albugineous tunics. By this method, the two tunics are made to adhere together, and, the cavity being destroyed, there can be no subsequent accumulation. Thus, inflammation may be excited by an incision, a seton, a caustic, the introduction of an irritating fluid by means of a syringe, as brandy, diluted spirits of wine, diluted port wine, or a solution of corrosive sublimate. The cure by injection is that to which modern surgeons have generally given the preference, as being the mildest and most effectual. Within the last few years, however, a more simple method has been proposed; though experience has not yet decided so fully in its favour as in that of the treatment by injection.

Mr. Kinder Wood, after evacuating the fluid, draws forward with a small hook "that portion of the tunica vaginalis presenting at the external opening, and cuts it away with a pair of scissors, immediately closing the external opening with adhesive plaster; by which means a moderate inflammation of the membrane will be insured, and I am led to hope," says the ingenious writer, "that the success will be frequent."|| In effect, Mr. Wood gives various instances of complete success. The piece snipped off is very small, and little inconvenience is suffered. The inflammation, under this mode of operating, is so inconsiderable as to be confined to the tunica vaginalis alone, and consequently the cavity between the two tunics is not obliterated, as is obvious by the testis being still able to roll to a considerable extent within the scrotum. This plan, therefore, is best adapted for dropsies of recent standing, and where the sac is not much thickened and indurated. In old

GEN. I.

SPEC. IX.

Hydrops
scroti.Medical treat-
ment.

Emetics.

Astringent and
other injections.If these fail,
the sac to be
opened: but
the water soon
reaccumulates.The only radi-
cal cure an
obliteration of
the cavity by
exciting in-
flammation.Various modes
of accomplish-
ing this.

* Miscellaneous Observations on certain indigenous Customs, Diseases, &c. in India.

† Stimulating applications do not very often succeed on adult subjects, though sometimes they do so on children. Dupuytren informs us, that he has often dispersed hydroceles by blistering the scrotum. — ED.

‡ The lancet is a bad instrument for the purpose, because it is more apt than the trocar to occasion hemorrhage within the tunica vaginalis. — ED.

§ Comment. ad § 252.

|| Trans. of the Medico-Chir. Soc., vol. ix. p. 49.

GEN. I.
SPEC. IX.

Hydrops
scroti.

Treatment.

Similar plan
formerly pro-
posed by
Douglas :

perhaps by
Celsus.

Complicated
case in which
both tunics
were laid open.

and obdurate cases, it will mostly be found necessary to carry the inflammation so far as to obliterate the cavity.*

Mr. Wood does not seem to be aware, that Mr. John Douglas employed a similar remedy as a radical cure in the dropsy of the scrotum, and recommended it in his Treatise on Hydrocele, published in this metropolis in 1755. Celsus appears also to have glanced at the same practice. †

In a case on which the author was consulted some few years ago, the patient, a gentleman far advanced in life, and who had been regularly tapped about once in three months for five or six years antecedently, found a considerable hemorrhage ensue shortly after the last operation, but which yielded on immersing the scrotum into water chilled to the freezing point. The hemorrhage, however, returned within two days, and the scrotum was again as much distended, though manifestly with blood, as before the trocar had been applied. It was clear, either that in this HÆMATOCELE, as it has been sometimes called, a pretty large artery had been accidentally wounded, or that the internal parts were in a very morbid condition. To ascertain the real fact, and put a stop to the discharge, the scrotal and vaginal tunics were immediately laid open from the top to the bottom, and a pretty strong pressure made between the testicle and the sides of the latter tunic with folds of lint, which effectually restrained the hemorrhage. On examining the organ more closely on the ensuing day, a foul and spongy ulcer was detected on the tunica albuginea, from which the hemorrhage had proceeded: by a course of warm digestive dressing, however, both the wound and the ulcer healed, and a radical cure of the dropsy was completely accomplished. ‡

A variety of this disease has occasionally been found in an accumulation of fluid in the tunica vaginalis of the spermatic cord, owing to a defective adherence of the peritonæal covering of this organ through its entire length, and hence the possibility of a collection of fluids in the unattached parts. A cure, as in scrotal hydrocele, is obtained either by injection or incision. §

The clitoris has sometimes been found affected with the second or cellular variety, and acquired a considerable size. The earliest writer who seems to have noticed this sort of dropsy, is Aëtius ||; and it has since been described or adverted to by Van Swieten ¶, Saviard **, Manoury ††, and various others, under the name of *hydrocele muliebris* or *fœminina*.

* Recent observations prove, that a radical cure is often brought about on another principle, namely, by some change in the action of the vessels, which secrete the redundant fluid. — Ed.

† De Medecin., lib. vii. cap. 21.

‡ See, for a case somewhat similar, Edin. Med. Ess., ii. art. xiv. by Mr. Jamieson.

§ Tyrrell's edit. of Sir A. Cooper's Lect., vol. ii. p. 111. The best practice is to lay open the tumour, and then fill the cavity with lint. The excision of the anterior part of the cyst is unnecessary. — Ed.

|| Tetrab. iv. serm. ii. c. 22. serm. iv. c. 100.

¶ Comment. ad § 1227.

** Nouveau Recueil, &c.

†† Journ. de Méd. 1790.

Clitoris some-
times affected
with a like
dropsy.

GENUS II.

EMPHYSEMA.

INFLATION. WIND-DROPSY.

ELASTIC AND SONOROUS DISTENSION OF THE BODY OR ITS MEMBERS, FROM AIR ACCUMULATED IN NATURAL CAVITIES IN WHICH IT IS NOT COMMONLY PRESENT.

THE term EMPHYSEMA is derived from ἐμ- or ἐν- and φυσάω, "inflo," "flatu distendo." It has often been made a question by what means the air is obtained in various cavities, in which it is found in great abundance; for we cannot always trace its introduction from without, nor ascribe it to a putrefactive process. Fantoni found air seated between the tunics of the gall-bladder, and Hildanus in the muscles. "In one instance," observes Mr. J. Hunter, "I have discovered air in an abscess, which could not have been received from the external air; nor could it have arisen from putrefaction." * The case is singular, and well entitled to attention, but too long to be copied. From this and various other circumstances, Mr. Hunter conceived the opinion, that air is often secreted by animal organs, or separated from the juices conveyed to them: and he appeals, in confirmation of this opinion, to the experiments of Dr. Ingenhouz upon vegetables. I have not had an opportunity of reading these experiments, but that such a sort of secretion exists in plants must be obvious to every one who carefully examines the inflated legume of the different species of bladder-senna (*colutea*), and the capsules of several other shrubs quite as common in our gardens, and which can only become inflated by a separation or secretion of air from the surrounding vessels. Yet an appeal to a variety of curious facts in the economy of numerous animals will perhaps answer the purpose much better, as leading us more directly to the point. The *sepia officinalis*, or cuttle-fish, and the *argonauta nautilus*, the ordinary parasitic inhabitant of which — for we do not know the animal that rears the shell — has a very near resemblance to the cuttle-fish, and, as suspected by Rafinesque, and since determined by Cranch, is a species of *ocythoë* †, introduce air at option into the numerous cells of the backbone, and thus render themselves specifically lighter whenever they wish to ascend from the depths of the sea to the surface; and, in like manner, exhaust the backbone of its air, and thus render themselves specifically heavier, whenever they wish to descend. All fishes, possessing a sound or air-bladder, are equally capable of supplying this organ with air, first for the purpose of balancing themselves, and next apparently for that of raising themselves towards the surface. In all these cases, the air thus introduced and accumulated appears

GEN. II.
Origin of
generic term.

Air found in
various cavities
whose entrance
cannot be
traced from
without.

Supposed by
J. Hunter to
be secreted
from the juices
of the blood.

Physiological
facts in con-
firmation of
this opinion.

Other facts in
support of the
same derivable
from animal
physiology.
Cuttle-fish.
Nautilus.

Sound or air-
bladder of
fishes how
supplied.

* Anim. Econ. p. 207.

† Phil. Trans. 1817, p. 293.

GEN. II.
Emphysema.
Secreted in
some emphy-
sematous af-
fections.

to be a direct secretion: at least, we cannot otherwise account for its presence, as we can easily do in the bones of birds, whose cells are filled with air; for we can here trace an immediate communication with the air-cells of the lungs; and Dr. Baillie was induced to regard as a secretion the air accumulated in one or more emphysematous affections that occurred in his practice.*

"There is no difficulty," says he, "in conceiving the possibility of this action taking place. It is just as easy to conceive air secreted from the blood by the action of the vessels, as the secretion of the bile, milk, or any other secreted fluid." The case he chiefly depended upon is of a very singular character, from the extent of the disease. The patient was a girl about ten years of age, placed under his care in St. George's Hospital. The pulse was felt with difficulty, from the elevation of the skin, and the crackling of air under the fingers. There was the same elevation and crackling in the back, breast, belly, and thighs; and it was obvious that there was also some accumulation of water in the cellular membrane of the legs and face. The cause was unascertainable, but there had been no local injury. The patient died the next day: and on examining the body, independently of the free influx of air already observed over the cellular membrane of the surface, the stomach was found distended almost as far as it could stretch, the intestinal canal was moderately filled with it, and various other vacuities gave proofs of its existence. About a gallon of water was found in the cavity of the abdomen.

Microscopic
experiments of
Bauer on the
formation of
vegetable down
or hair.

Experiments
of Brande on
blood, showing
the existence of
air in this fluid.

Theory of
Home from
these facts.

Preceding ex-
periments of
Hales and
Haller con-
firmed by those
of Davy.

Mr. Bauer has lately shown, that a gas is constantly shooting forth in small bubbles from the roots of plants into the slimy papulæ by which they are surrounded; and that it is by this means that the slimy matter becomes elongated, is rendered vascular, and converted into hair or down. Mr. Brande has also shown that gas, meaning hereby carbonic acid gas, exists in a considerable quantity in the blood while circulating in the arteries and veins, and is very largely poured forth from blood placed, while warm, under the receiver of an airpump, so as to give an appearance of effervescence. He calculates that two cubic inches are extricated from every ounce of blood thus experimented upon, the venous and arterial blood containing an equal proportion. And Sir Everard Home has hence ingeniously conjectured, that it is by the escape of bubbles of this gas through the serum, in cases of coagulated blood, that new vessels are formed, as also that granulations are produced in pus; from which it appears that the same gas escapes with equal freedom.

These results of Mr. Brande are in perfect accordance with the well-known experiments of Dr. Hales and Baron Haller upon the same subject, which of late years appear to have been too much neglected, if not discredited. The former asserts that, in distilling blood, a thirty-third part of the whole proved to be air: and the latter confirms the assertion; "*utique,*" says he, "*ferè trigesima tertia pars totius sanguinis verus est aër.*" The enquiry has since

* Trans. of a Soc. for the Improvement of Med. and Chir. Knowledge. Dr. Davy has offered facts confirming the same opinion, in his Observations on Air found in the Pleura in a Case of Pneumato-thorax, &c. Phil. Trans. 1823, p. 496.

been followed up by Dr. Davy, who has not only confirmed many of the same results, but given an accurate analysis of the air thus, in various cases, accumulated. * From all which we may reasonably conjecture, that the body of air found in certain cases of emphysema is produced, like other fluids found in the different cavities of the animal frame, by a process of secretion. The species are the three following:—

- | | |
|-------------------------|------------------------|
| 1. EMPHYSEMA CELLULARE. | CELLULAR INFLATION. |
| 2. ————— ABDOMINIS. | TYMPANY. |
| 3. ————— UTERI. | INFLATION OF THE WOMB. |

There are probably many others—but these are the only ones which have been hitherto distinctly pointed out.

SPECIES I.

EMPHYSEMA CELLULARE.

CELLULAR INFLATION.

TENSE, GLABROUS, DIFFUSIVE INTUMESCENCE OF THE SKIN,
CRACKLING BENEATH THE PRESSURE OF THE FINGER.

THIS is the pneumatosis of Sauvages and Cullen, and consists in a distension of the cellular membrane by air instead of by water, as in *hydrops cellularis* or anasarca. The distension is sometimes limited to particular parts of the body, and sometimes extends over the entire frame.

GEN. II.
SPEC. I.

The pneumatosis of some writers.

From the remarks we have just offered on the probable separation or secretion of air from the blood, this disease may originate from various causes, and exhibit itself under various modifications †: but the two following are the only extensive forms under which it has hitherto been traced:—

- | | |
|-----------------------|---|
| α A vulnere thoracis. | From a wound in the chest, with |
| Traumatic emphysema. | sense of suffocation. |
| β A veneno. | From fish-poison or other venom; |
| Empoisoned emphysema. | with extensive signs of gangrene and putrescency. |

For the FIRST OF THESE VARIETIES, there is no great difficulty in accounting. If a wound penetrate the chest so as to enter any

α E. cellulare
à vulnere
thoracis.

* Observations on Air found in the Pleura, &c. Phil. Trans. 1823.

† One variety, not noticed by our author, is that occasionally following the rupture of the air cells of the lungs in a violent fit of coughing. The pathology of this case was first explained by M. Louis, in the Mém. de l'Acad. de Chirurgie, where he details instances of it from the excessive coughing attending the lodgment of extraneous substances in the trachea. Another example of what is sometimes called idiopathic emphysema, brought on by cough subsequent to pneumonia in an infant, is recorded by Dr. A. S. Ireland. See Trans. of Assoc. Physicians, vol. iii. p. 112. Dubl. 1820. — ED.

GEN. II.

SPEC. I.

α E. cellulare
à vulnere tho-
racis.

Pathology.

Description.

Pneumo-
thorax of Itard
and Laennec.

Pneumato-
thorax of Davy

Exemplified by
a singular
case.

Treatment.

part of the lungs, and divide some of the larger branches of the bronchiæ, or the air-cells, the inspired air, instead of being confined to its proper channels, will rush immediately into the chest, and fill up its whole cavity; as it will also frequently into the cellular membrane of the lungs, and of the parietes of the chest, whence it will find a passage into the cellular membrane of the entire body, and produce an universal inflation.

This last effect is highly troublesome and distressing: but the first is productive of the utmost alarm. The lungs, compressed on every side by the extravasated air, are incapable of expansion; and there is consequently an instantaneous danger of suffocation. The patient labours for breath with all his might, and labours to but little purpose; his cheeks are livid, his senses soon become stupified, the heart palpitates violently, the pulse is rapid but small; and, without speedy relief, death must inevitably ensue. The distress is moreover sometimes aggravated by the excitement of a cough, in the fits of which, if any considerable blood-vessel have been burst, blood is expectorated along with the rejected mucus. [The thoracic parietes are manifestly distended. The ribs are more or less separated; and the diaphragm projects into the cavity of the abdomen. When the disease exists on the left side of the chest, that muscle is propelled considerably downwards; and, when it is on the right side, the liver is pushed below the margin of the ribs.*] It is this form of emphysema which constitutes the pneumo-thorax of Itard and Laennec, or the pneumato-thorax, as it is more correctly called, of Dr. John Davy, who has described two cases in which the communication seems to have been produced by a suppurated tubercle that formed an opening from some branch of the bronchiæ into the sac of the pleura.†

[According to Laennec, the certain diagnosis of this affection is afforded by the comparison of the results of percussion and mediate auscultation. Whenever we find one side of the chest sounding more distinctly than the other, and, at the same time, perceive the respiration very well in the least sonorous side, and not at all in the other, we may be assured, that there exists pneumo-thorax on the latter.]

Mr. Kelly, in the Edinburgh Medical Commentaries, has given a very singular case of this affection from a like cause, in which the inflation extended widely over the body. The patient, almost fifty-seven years of age, had long laboured under a chronic cough and difficulty of breathing. The emphysema began to appear on the second day, after a most violent fit of coughing, laborious respiration, and pain in the side. It soon covered the whole right side to the scrotum, which was also much inflated, producing a crackling sound upon pressure; and, gradually widening its course, by the fourth day it extended over the whole body. It was at first conceived, that air had entered from without into the cellular membrane by means of some wound in the side; but no such injury or any other channel of communication could be discovered. The symptoms, however, were so pressing, that it was at length determined, under the advice of Dr. Munro, to afford an escape

* See Laennec on Dis. of the Chest, p. 492. 2d edit. by Forbes.

† Phil. Trans. 1823, ut suprâ. Laennec's experience taught him to believe this to be the most common of all the forms of pneumo-thorax.

for the air, by an opening into the cavity of the chest. The pleura was in consequence tapped; when, upon withdrawing the perforator, such a blast of wind issued through the cannula, as to blow out a lighted candle three or four times successively. * The patient immediately became easy and free from oppression, and his pulse fell from above a hundred strokes in a minute to ninety. Punctures were at the same time made into the cellular membrane in different parts of the body, and from these also the imprisoned air puffed out upon pressure, but not otherwise. The patient recovered gradually, and, in about three weeks, ate and slept as well as he had done at any time for thirty years before. For nearly a twelve-month he continued to enjoy a good state of health: but, about the close of this period, he was again attacked with a cough, a pain in the chest, and a difficulty of breathing; a hectic fever followed, and he died in about six weeks. On opening the thorax, Mr. Kelly tells us, that he found the lungs “in a very putrid diseased state, with some tubercles on the external surface of the right lobe; there was extensive adhesion to the pleura, particularly at the place where the pain had been felt most keenly before the perforation; and, on making an incision into the right lobe, an abscess was discovered, which contained about four ounces of fetid purulent matter.”† We are hence, I think, led to conjecture, that the emphysema was in this case produced by the bursting of a former abscess in the right lobe of the lungs, accompanied with a rupture of one or more of the bronchial vessels, in consequence of which the same effect followed as if a wound had been inflicted from without.

[The manner of making an opening into the chest must be learned by reference to the writers on surgery; and to the same sources of information the reader should turn for an account of the treatment of emphysema from wounded lungs.]

The inflation which follows so suddenly and so extensively in the SECOND VARIETY, or upon the introduction of fish-poison, or that of several species of the mushroom or numerous other edible venoms into the stomach, it is not so easy to account for. In most of the cases, there is so violent and general a disturbance of every function, as to produce extreme and instantaneous debility: all the precursors of putrescency are present, and speedy dissolution is threatened. Every part of the body is swollen and inflated, particularly the stomach and intestines, the vapour of which, when examined after death, is found to consist of a fetid and putrid gas: a blackish and greenish froth is discharged from the mouth; clonic or tetanic spasms play wildly over all the muscles; the chest labours with suffocation, the brain is stupefied, and broad livid or gangrenous spots spread over the body; and on dissection are found still more freely, and of larger diameter, on the surface of most of the thoracic and visceral organs. The most effectual remedies against all such inflations are the most powerful anti-septics: as acids, alcohol, and the aromatics.

GEN. II.

SPEC. I.

α E. cellulare
à vulnere tho-
racis.

Treatment.

Explanation
of the above
case.β E. cellulare
à veneno.General
description.

* In a case recently reported in Dr. Johnson's Med. Chir. Review, the same thing happened when Mr. Guthrie made an opening into the chest. In this instance, the operation gave temporary relief; but the patient survived only a short time. — ED.

† Edin. Med. Comment., vol. ii. p. 427.

GEN. II.
SPEC. I.
& E. cellulare
a veneno.

Hence gan-
grene a cause
of cellular
emphysema.

We never cease to find a free extrication of air whenever the body or any part of it is running rapidly into a state of putrefaction: and hence another cause of cellular emphysema, and a cause that is perpetually occurring to us in gangrene.

SPECIES II.

EMPHYSEMA ABDOMINIS.

TYMPANY.

TENSE, LIGHT, AND EQUABLE INTUMESCENCE OF THE BELLY;
DISTINCTLY RESONANT TO A STROKE OF THE HAND.

GEN. II.
SPEC. II.

The tympanites
of authors.

Tympanites
intestinalis of
Sauvages —
the only tym-
panites of
Cullen:

in which case
the disease is
a mere symp-
tom of some
other affection.

The disease
may exist, as
conjectured by
Hunter, as an
idiopathic
affection.

Opinion sup-
ported by facts,

and the judg-
ment of other
pathologists.

THIS disease is the tympanites of authors, so called from the drum-like sound which is given on striking the belly with the hand.

Tympanites, however, is by most writers applied principally to an enormous collection, or evolution, of air in some part or other of the alvine canal, constituting the *tympanites intestinalis* of Sauvages: and it is to this disease alone that Dr. Cullen confines his attention, when treating of the subject in his First Lines. This flatulent distension he ascribes to an atony of the muscular fibres of the intestines, accompanied with a spasmodic constriction in parts of the canal; by which means the passage of the air is, in some places, interrupted. In this view of the case, however, tympany, instead of being entitled to the rank of a distinct genus, is nothing more than a symptom, or sequel, of some other enteric affection, as dyspepsy, colic, worms, or hysteria: and hence the remedies, applicable to these, are what Dr. Cullen recommends for tympanites—namely, avoiding flatulent food, laxatives, and tonics.

Mr. John Hunter seems to have conceived that a tympany of the stomach or intestines may exist as an idiopathic complaint. “I am inclined,” says he, “to believe, that the stomach has a power of forming air and letting it loose from the blood by a kind of secretion. We cannot, however, bring any absolute proof of this taking place in the stomach, as it may in all cases be referred to a defect in digestion: but, we have instances of its being found in other cavities, where no secondary cause can be assigned.”* He alludes chiefly to an extrication of air in the uterus, which we shall have occasion to notice in our next species.

In concurrence with these remarks, it may also be observed, that some persons are said to have a power of producing ventricular distensions voluntarily, which it is difficult to account for, except by a voluntary power of secreting air for this purpose, or forcing it down the œsophagus, which will be still less readily allowed. Morgagni† and other writers have hence treated of this form of the disease, as well as of that in which the flatus is lodged in the peritonæal sac: while others have contended, that

* On the Animal Econom., p. 206. 4to. 1792.

† De Sed. et Caus. Morb., Ep. xxxviii. art. 23. Collect. Soc. Med. Hafn., ii. p. 73.

this is the only form, and that a peritonæal tympany has no real existence. *

If an idiopathic tympany of the stomach should ever be decidedly ascertained, its cure must be attempted by the remedies for flatus of any other kind: but, at present, the only disease we can fairly contemplate as entitled to the name of tympanites, or *emphysema abdominis*, notwithstanding the incredulity of some practitioners, is that in which the resonant swelling of the belly is produced by air collected in the sac of the peritonæum. It is undoubtedly a rare disease, though we must contend, in the language of Dr. Cullen, that, "from several dissections, it is unquestionable, that such a disease has sometimes truly occurred:" nor can we suppose such accurate and cautious pathologists as Heister†, Lieutaud‡, and Bell§, who have respectively given examples of it, to have been successively deceived upon the subject. Admitting it to be produced by secretion, its occasional causes are still very obscure. It has been said to follow jaundice, and morbid affections of the abdominal viscera; debility produced by fever; hysteria, violent passions or other emotions of the mind: and probably all these may have operated in different cases.

The ordinary natural cure seems to consist in an escape of the air from the umbilicus by an outlet produced by an abscess or ulceration of this protuberant organ, or a sudden and fortunate rupture of its integuments. Morgagni and several later writers || give us well authenticated cases of an occurrence of the first of these, and Stoerck of both. ¶ We are thus led by nature herself to try the effects of tapping, or making an artificial opening into the cavity of the abdomen, in the case of wind-dropsy, as well as in that of water-dropsy: and here, from the protruded state of the umbilicus, the lancet may conveniently be introduced at this point. The belly should, at the time of the operation, be well swathed with a broad girth, which may be tightened at option, and should be kept as tight as the patient can bear it, as well for the purpose of general support, as for that of expelling the air within, and preventing the entrance of air from without.

Van Swieten dissuaded his pupils from this operation **; and Cembalusier ††, and a few others, have since asserted that it does not answer. But, in most of these cases, we have reason to believe, that the seat of the disease was mistaken, and that the flatulency existed in the intestinal canal, rather than in the peritonæal sac.

Antecedently, however, to the operation of the paracentesis, we may try the effect of sending shocks of the electric aura through the abdomen. Cold fomentations, moreover, or even pounded ice,

* Littre, Mém. de l'Acad. des Sciences, 1713, p. 235. Dr. Elliotson believes that tympanites, in the sense of a great collection of air in the peritonæum, usually takes place from an aperture existing in the intestines, so that the air escapes. (See Lectures delivered at the London University, as reported in Med. Gaz. for 1832-33, p. 456.) Whether this opinion has ever been verified by *post mortem* examinations, is not stated. — ED.

† Wahrnehmungen. i. art. 15.

‡ Hist. Anat., v. p. 432.

§ On Ulcers and Tumours, vol. ii.

|| Guisard, Pratique de Chirurgie, tom. i. p. 134.

¶ Ann. Med., ii. pp. 190, 193, 194.

** Ad Sect. 1251.

†† Pneumatopathol., p. 503. Dusseau, Journ. de Méd., 1779.

VOL. IV.

Z

GEN. II.

SPEC. II.

Emphysema abdominis.

The question not fully settled: and hence the only known emphysema abdominis, that existing in the sac of the peritonæum.

Even this a rare disease, but stated to have occurred by high authorities.

Ordinary natural cure an escape of the air by an accidental outlet, which has occurred in various ways.

Hence tapping useful, and the umbilicus may be punctured.

Belly at the time to be swathed.

Operation opposed by Van Swieten and others, as not answering: but probably the seat of the disease mistaken in the cases referred to.

Shocks of electricity, cold fomentations, pounded ice, and gelid drinks.

GEN. II.
SPEC. II.
Emphysema
abdominis.

Complicated
case of abdo-
minal inflation,
but apparently
not a real
tympany, re-
lated by
Monro.

may be applied externally, and gelid drinks be swallowed copiously at the same time. This plan is said to have answered occasionally. * And it is obvious, that a tonic regimen, with free exercise, and particularly equitation, and, where it can be had recourse to, sea-bathing, should be entered upon as soon as the tympany is dispersed.

There is a singular case of flatulent distension, inserted in the Edinburgh Medical Essays, by Professor Monro, which is called a tympany, but does not seem to have been exterior to the intestinal canal; and hence, if a tympany at all, must have been produced by a secretion of air into the stomach or bowels, as conjectured by Mr. J. Hunter. The patient was a young woman, aged twenty-two. The inflation continued for at least three months, the belly being sometimes so extremely distended as to endanger its bursting, and sometimes considerably detumefied, at which last period, a variety of unequal and protuberant balls were felt all over the abdomen, and seemed to indicate so many intestinal constrictions. The patient's appetite continued good; she was very costive, and menstruated only at intervals of several months. She was at length attacked with borborygmi, and a day or two afterwards had such explosions of wind *ἄνω καὶ κάτω*, that none of the other patients would remain in the same room, and hardly on the same floor with her. From this time she recovered gradually. †

SPECIES III.

EMPHYSEMA UTERI.

INFLATION OF THE WOMB.

LIGHT, TENSE, CIRCUMSCRIBED PROTUBERANCE IN THE HYPOGASTRIUM; OBSCURELY SONOROUS; WIND OCCASIONALLY DISCHARGED THROUGH THE MOUTH OF THE UTERUS.

GEN. II.
SPEC. III.
The physometra of authors.
An unfrequent complaint, and hence denied by some writers.

Description
by Denman.

THIS is the physometra of Sauvages and later nosologists. Like the last species, it is by no means a frequent complaint, and not easy to be accounted for, except upon the principle of a secretion of air; and hence the existence of this species, as well as of the last, has been denied by several writers who do not happen to have met with examples of it. The description given of it is somewhat obscure in most of the pathologists, but there seems, upon the whole, sufficient reason for admitting it into the list of morbid affections. "It has been said," observes Dr. Denman, "that wind may be collected and retained in the cavity of the uterus till it is distended in such a manner as to resemble pregnancy, and to produce its usual symptoms; and that by a sudden eruption of the wind, the tumefaction of the abdomen has been removed, and the patient immediately reduced to her proper size. Of this com-

* Theden, N. Bemerkungen und Erfahrungen, ii. p. 251.

† Edin. Med. Essays, vol. i. art. xxxi.

plaint I have never seen an example: but many cases have occurred to me of temporary explosions of wind from the uterus, which there was no power of restraining." *

The uterus is one of those organs referred to under our last species, as supposed by Mr. John Hunter to have a power of secreting or separating air from the blood: and as he has examined the subject with critical accuracy in direct reference to the present complaint, his remarks are particularly entitled to our attention. "I have been informed," says he, "of persons, who have had air in the uterus or vagina, without having been sensible of it but by its escaping from them without their being able to prevent it: and who, from this circumstance, have been kept in constant alarm lest it should make a noise in its passage, having no power to retard it as when it is contained in the rectum. The fact being so extraordinary made me somewhat incredulous; but rendered me more inquisitive, in the hope of being enabled to ascertain and account for it: and those of whom I have been led to enquire, have always made the natural distinction between air passing from the vagina and by the anus: that from the anus they feel and can retain, but that in the vagina they cannot; nor are they aware of it till it passes. A woman, whom I attended with Sir John Pringle, informed us of this fact, but mentioned it only as a disagreeable thing. I was anxious to determine if there were any communication between the vagina and rectum, and was allowed to examine, but discovered nothing uncommon in the structure of these parts. She died some time after; and being permitted to open the body, I found no disease either in the vagina or the uterus. Since that time, I have had opportunities of enquiring of a number of women concerning this circumstance, and by three or four have been informed of the same fact, with all the circumstances above-mentioned." †

The only difficulty in the case is the means by which air can thus become accumulated in the cavity of the uterus; for admitting this fact, of which there can no longer, I should think, be any doubt, we can easily conceive a distension to the utmost power of the organ in consequence of an obstruction of the mouth of the womb from spasm, a coagulum of blood, or any other viscid material. And hence, in all the cases of this disease which have descended to us, we find such a closure described as existing whenever the organ has been examined. Thus, in the instance related by Eisenmenger ‡, we are told, that the uterus was completely impervious; and a like account is given of a similar instance recorded in the *Ephemera* of *Natural Curiosities*. Palfin § gives a case, in which the obstruction proceeded from an hydatid cyst that had fixed at the mouth of the uterus, and Fernelius || another, in which the obstruction, and consequently the inflation, returned periodically. Dr. Denman intimates that this affection is sometimes accompanied with spasmodic pains, resembling those of

GEN. II.
SPEC. III.
Emphysema
uteri.
History of the
disease accu-
rately examined
into by
Hunter.

By what means
the air becomes
pent up.

By spasm, or a
coagulum of
blood, or other
viscid material
seated at the
mouth of the
womb.

Illustrated.

Pains, simu-
lating those of
labour, how
accounted for.

* Introduction to the Practice of Midwifery, chap. III. sect. x.

† Animal Economy, p. 406. 4to. 1792.

‡ Collect. Historia fœtus Mussi-pontani, &c.

§ Description des parties de la femme qui servent à la génération. Leid. 1708.

|| Patholog., lib. iv. cap. xv.

GEN. II.
SPEC. III.
Emphysema
uteri.

Mode of treat-
ment.

labour; and the same remark will apply to dropsy of the womb, which so much resembles it. The fact is, that the uterus, when once enlarged by whatever means, and stimulated, has a natural tendency to run into a series of expulsive exertions in order to free itself from its burden, and to excite all the surrounding muscles into the same train of action; and hence natural labour, false conception, uterine dropsy, and inflation, produce the same effect, though, perhaps, in different degrees.

As an occasional discharge of wind from the vagina affords temporary ease, we should take a hint from this effect; and endeavour, first, to evacuate the confined air entirely, by a cannula introduced into the os tincæ; and, secondly, to invigorate the weakened organ by the use of some tonic injection, as a solution of catechu, alum, sulphate of zinc, or diluted port wine.

GENUS III.

PARURIA.

MISMICTURITION.

MORBID SECRETION OR DISCHARGE OF URINE.

GEN. III.
Origin of
generic term.
Range of the
division.

Dysuria, why
not employed.

THE term PARURIA is a Greek derivation from *παρὰ*, *perperam*, and *οὐρέω*, “mingo.” The genus is intended to include the ischuria, dysuria, pyuria, enuresis, diabetes, and several other divisions and subdivisions of authors, which, like the different species of the preceding genus, lie scattered, in most of the nosologies, through widely different parts of the general arrangement. Thus, in Cullen, diabetes occurs in the second class of his system; enuresis in the fourth order of his fourth class; and ischuria and dysuria, in the fifth order of the same class. All these, however, form a natural group; and several of them have characters scarcely diversified enough for distinct species, instead of forming distinct genera. DYSURIA might have been employed instead of PARURIA, as a generic term for the whole; but as it has been usually limited to the third species in the present arrangement, it has been thought better to propose a new term, than to run the risk of confusion by retaining the old term in a new sense.

The species that justly belong to the present genus appear to be the following:—

- | | |
|---------------------|------------------------|
| 1. PARURIA INOPS. | DESTITUTION OF URINE. |
| 2. ——— RETENTIONIS. | STOPPAGE OF URINE. |
| 3. ——— STILLATITIA. | STRANGURY. |
| 4. ——— MELLITA. | SACCHARINE URINE. |
| 5. ——— INCONTINENS. | INCONTINENCE OF URINE. |
| 6. ——— INCOCTA. | UNASSIMILATED URINE. |
| 7. ——— ERRATICA. | ERRATIC URINE. |

From this group of family diseases we may perceive, that the urine is sometimes deranged in its quantity, sometimes in its quality, and sometimes in its outlet: and that, in its quality, it is deranged in two ways; by being made a medium for foreign materials, and by being imperfectly elaborated. The most important principle which it seems to carry off from the constitution, is the urea, or that of the uric acid: and it has been ingeniously remarked by M. Berard, in his *Analysis of Animal Substances*, "that, as this is the most azotised of all the animal principles, the secretion of urine appears to have for its object a separation of the excess of azote from the blood, as respiration separates from it the excess of carbon."

GEN. III.
Paruria.
General
character of the
species.

SPECIES I.

PARURIA INOPS.

DESTITUTION OF URINE.

URINE NOT SECRETED BY THE KIDNEYS: NO DESIRE TO MAKE WATER, NOR SENSE OF FULNESS IN ANY PART OF THE URINARY TRACK.

A DEFICIENT secretion of urine is often a result of renal inflammation, in which case, however, there is necessarily a considerable degree of pain and tenderness in the lumbar region. It sometimes proceeds from transferred gout, of which Mr. Howship relates a striking instance in a case that occurred to Mr. Heaviside. In this case, also, there is usually great pain in the loins: a symptom, which was very prominent in the exemplification now alluded to. The gout disappeared from the foot suddenly on walking home at night in the cold. The patient, a general officer, made little water through the night, less the ensuing day, and none the day after. The catheter was then passed, and the bladder was found empty.* But the present species occurs occasionally as an idiopathic affection, sometimes followed rapidly by great danger to the general fabric, sometimes assuming a chronic form, and running on for a considerable period of time without danger, and sometimes existing as a constitutional affection coeval with the birth of the individual.†

GEN. III.
SPEC. I.
Occurs from
renal inflam-
mation.
Sometimes
from trans-
ferred gout.

Dr. Parr relates a case that occurred in his own practice, in which no urine was apparently secreted for six weeks‡; and Haller gives a similar case that lasted twenty-two weeks.§ In the *Philosophical Transactions* || we meet with various instances

No urine se-
creted appa-
rently for six
weeks.
Twenty-two
weeks.

* *Practical Treatise on the Symptoms, Causes, &c. of some of the most important Complaints that affect the Secretion and Excretion of the Urine*, part i. ch. i. sect. ii. The suppression of the secretion of urine in Asiatic cholera is one of the usual effects of that extraordinary disease. — ED.

† See Spec. vii. of the present Genus, *P. erratica*.

‡ Dict. in verb. *Ischuria*.

§ *Bibl. Med.*, Pr. ii. p. 200.

|| Vol. xxviii. year 1783.

GEN. III.

SPEC. I.

Paruria inops.

No urine
passed from
birth.

Deficiency
accounted for
by an increased
discharge from
other outlets.

Skin and
bowels the
most commonly
substituted
emunctories.

of a similar deficiency; among the most singular of which is the case of a youth of seventeen years of age, described by Dr. Richardson, who had never made water from his birth, nor had felt the least uneasiness on this account, being healthy, vigorous, and active.

Let it not be supposed, however, that the constituent principles of so important a recrement as the urine remain in the system, and load the blood, without danger. The outlet at which these are separated and discharged is not always manifest, and hence they sometimes appear not to be separated and discharged at all; though, if the state of the patient be critically examined into by an accurate pathologist, the vicarious channel will generally be detected, and most of the cases that must at present range under the species before us, would be transferred to that of *paruria erratica*.

The two most common emunctories that supply the place of the kidneys are the skin and the bowels. In Dr. Parr's case, he states that there was no vicarious evacuation, except a profuse sweat for a day or two, and he adds, that there was no suspicion of imposture, as the patient was in a hospital and constantly watched. But we have no account of the state of the bowels. In Dr. Richardson's case of a natural destitution of urine, the patient is admitted to have laboured under an habitual diarrhoea, though with little uneasiness, and the discharge of the urinary elements is very correctly ascribed to the intestinal flux.*

* Dr. Salmon Arnold has recorded the case of a young woman (See New England Journal of Medicine and Surgery, Boston, 1825), who laboured under a retention of urine for two years, and through the integuments of whose lumbar region a fluid resembling urine oozed in abundance, whenever the catheter was not introduced at the usual periods. In September, 1822, seventy-two hours once elapsed without the instrument having been used: in the course of this delay, a liquid, completely like urine, is stated to have been discharged from the right ear; first by drops, and then in a larger quantity at a time. The discharge continued on the following days, amounting to about eight ounces in each twenty-four hours, and always preceded by painful sensations in the eye and ear. Whenever the discharge happened to be interrupted or diminished, a general anxiety used to come on, with severe headach, and then delirium. Occasionally, violent spasms, like those of opisthotonos, were produced by the same cause, followed by syncope and complete insensibility. Deafness and loss of sight afterwards occurred in the right ear and eye. These symptoms continued till the end of 1824, the discharge issuing alternately from both ears and the left eye, which became considerably inflamed. In March, 1823, the patient began to vomit up a fluid precisely similar to urine. In April, the right breast became swollen, tense, and painful, and shortly afterwards some drops of fluid were discharged from the nipple. In twenty-four hours these phenomena ceased, but reappeared a week afterwards, and now the liquid voided was of a lemon colour, and was proved by analysis to contain urea. In May, 1823, after some pain and tension about the hypogastric region, a fluid, exactly like what had been evacuated from the preceding organs, began to ooze from the navel. A similar evacuation next commenced from the nostrils. The fluid from all these quarters was analysed, and found to contain urea. It contained, likewise, the alkaline sulphates, muriates, and phosphates. During the foregoing occurrences, a small but varying quantity of urine continued to be voided from the bladder; and occasionally the urinary fluid discharged at different points was preceded by an oozing of blood. When care was taken to pass the catheter very often, the discharges were lessened, but not entirely stopped. In the autumn of 1824, notwithstanding the evacuation of urinary fluid from the right ear, breast, and navel still continued, though in a diminished quantity, the patient was not severely ill, and could get up and walk about. At that time a good deal of urine was passed in the regular

The effects that result from a retention of the urinary elements in the system, are a loss of energy and a growing torpitude in every function, proving that the sensorium is directly debilitated, and rendered incapable of producing the nervous influence. It is hence to be expected that the brain should evince torpitude in a greater degree than any other organ, and become oppressed and comatose, as though in a state of apoplexy. Nor is it difficult to account for these effects, since they naturally follow from the blood being surcharged with that excess of azote which, as we have just observed, it appears to be the office of the urine to carry off.* The destructive power of azotic gas to animal life is known to every one, as is also its further power of increasing the coagulability of the blood.

I do not know, however, that the great and pressing danger of having the constituent principles of the urine thrown back into the blood had been distinctly pointed out by any physician, when Sir Henry Halford communicated some valuable observations on the subject. "A very corpulent robust farmer, of about fifty-five years of age, was seized with a rigor, which induced him to send for his apothecary. He had not made water, it appeared, for twenty-four hours: but there was no pain, no sense of weight in the loins, no distension in any part of the abdomen; and therefore no alarm was taken till the following morning, when it was thought proper to ascertain whether there was any water in the bladder, by the introduction of the catheter; and none was found. I was then called, and another enquiry was made some few hours afterwards, by one of the most experienced surgeons in London, whether the bladder contained any urine or not, when it appeared clearly, that there was none. The patient sat up in bed and conversed as usual, complaining of some nausea, but of nothing material, in his own view; and I remember that his friends expressed their surprise that so much importance should be attached to so little apparent illness. The patient's pulse was somewhat slower than usual, and sometimes he was heavy and oppressed. I ventured to state, that if we should not succeed in making the kidneys act, the patient would soon become comatose, and would probably die the following night; for this was the course of the malady in every other instance which I had seen. It happened so; he died in thirty hours after this, in a state of stupefaction."†

GEN. III.

SPEC. I.

Paruria inops.

Effects of a retention of urine.

Stupor of the brain accounted for.

Illustrated from Halford.

way; and the evacuation of a similar liquid from the eye, stomach, and nostrils had for some time ceased.

From the various facts here recited, M. Andral infers, that the blood contains, in variable proportions, the elements of all the secretions; that, under ordinary circumstances, these elements are separated from the circulation only by those organs whose special structure is adapted to bring about such separation; but that, under particular states, these elements may be separated from the circulation by other channels than those regularly intended for the purpose; not, indeed, in the condition of perfect secretions, but in a more simple form, containing the elements of those secretions. See Andral, *Anat. Pathol.*, tom. i. p. 357.—Ed.

* On this subject, the experiments of M. Ch. Chossat are highly interesting. See *Mém. sur l'Analyse des Fonctions Urinaires*; *Journ. de Physiol. Expér.* par F. Magendie, tom. v. p. 65. et seq. Whether the blood of persons afflicted with paruria inops be really surcharged with azote, is a point that must not be regarded as certain, until determined by chemical researches.—Ed.

† *Med. Trans.*, vol. vi. p. 410.

GEN. III.

SPEC. I.

Paruria inops.

Additional
illustration.

To this short history Sir Henry has added the following remarks, which are of too much importance to be omitted. "All the patients who have fallen under my care, were fat corpulent men between fifty and sixty years of age: and, in three of them, there was observed a strong urinous smell in the perspiration twenty-four hours before death;" evidently proving that, in these cases, the instinctive or remedial power of nature, aided by the constitutional vigour of the respective patients, was endeavouring to convert the exhalents of the skin into a substitute for the palsied kidneys, but was not able completely to succeed. This view of the danger that results generally from having the elementary principles of the urine thrown back into the blood, thus strikingly pointed out by Sir Henry Halford, has since been confirmed by Dr. Baillie's opinion, as contained in his posthumous volume. "There is," says he, "a great difference in the hazard of a patient's situation, whether the kidneys separate a little urine or none at all. In the first case, he generally recovers, and in the second, very rarely. It is curious, that life should terminate so soon, when the functions of the kidneys have become totally suspended. A person, who receives no nourishment whatever into the stomach, or by any other means, will live longer.*"

Remedial
process.

Diaphoretics.

In attempting a cure of *paruria inops*, we ought, in the first instance, whatever be its cause, to take a hint from the light of nature which is thus thrown upon us: and, as the excretories of the skin and of the kidneys are so perpetually assisting each other in almost every way, excite the former by active diaphoretics to take upon themselves for a time the office of the latter, and carry off the urea that should be discharged by the kidneys.

Diuretics.

We should next endeavour to restore the kidneys to their natural action by gentle stimulants or diuretics, as the alliaceous and siliquose plants, especially horse-radish and mustard, the aromatic resins and balsams, especially those of turpentine, copaiba, and the essential oil of juniper. Digitalis is of little avail, and, in idiopathic diseases of the kidneys, does not often exhibit a diuretic effect. If given at all, it should be in conjunction with tincture of cantharides, or the spirit of nitric ether.

Stimulants.

Stimulants may, at the same time, be applied externally, as the hot bath, or strokes of the electric or voltaic fluid passed through the loins; to which may succeed rubefacients and blisters.

Aperients.

Diuretic
apozems.

In the mean while, the alvine canal should be gently excited by neutral salts; and juniper tea, broom tea, or imperial, may alternately form the common drink. The juice of the birch tree (*betula alba*) will often, however, prove a better diuretic than any of these. It is easily obtained by wounding the trunk, and, when fresh, is a sweetish and limpid fluid, in its concrete state affording a brownish manna. It has the advantage of being slightly aperient, as well as powerfully diuretic. [However, if the case were connected with gravel and inflammation in the kidneys, the diuretic treatment should be abandoned for the antiphlogistic.]

* Lectures and Observations on Medicine, by the late Matthew Baillie, M. D. 1825, unpublished.

SPECIES II.

PARURIA RETENTIONIS.

STOPPAGE OF URINE.

URINE TOTALLY OBSTRUCTED IN ITS FLOW: WITH A SENSE OF WEIGHT OR UNEASINESS IN SOME PART OF THE URINARY TRACK.

THIS is the ischuria of many writers, and though, like the preceding species, it is equally without a flow of urine, it differs very widely from it in other circumstances. In *paruria inops*, the excretories of the kidneys are inactive, and, consequently, no urine is produced. In the species before us, the secernents possess an adequate power, but the secretion is obstructed in its passage. And, as it may be obstructed in different organs, and in numerous ways in each organ, we have the following varieties:—

GEN. III.
SPEC. II.

The ischuria of many authors.

How distinguished from the preceding species.

α Renalis.
Renal stoppage of urine.

Pain and sense of weight in the region of the kidneys, without any swelling in the hypogastrium.

β Ureterica.
Ureteric stoppage of urine.

With pain or sense of weight in the region of the ureters.

γ Vesicalis.
Vesical stoppage of urine.

With protuberance in the hypogastrium; frequent desire to make water; and pain at the neck of the bladder.

δ Urethralis.
Urethral stoppage of urine.

With protuberance in the hypogastrium; frequent desire to make water; and a sense of obstruction in the urethra, resisting the introduction of a catheter.

OBSTRUCTION OF URINE may take place IN THE KIDNEYS from a variety of causes, as spasm, calculous concretions, inflammation, or abscess; and the tumour or swelling, which occurs in any of these states, may be so considerable, as to prevent the fluid from flowing into the pelvis of the kidneys as it becomes secreted by the tubules, or out of the pelvis when it has collected there.

α P. retentionis renalis.

Causes.

[This is the renal ischuria of Sauvages, and is characterised by the following circumstances:—It supervenes upon some previous affection of the kidneys, and is accompanied by pain, or an uneasy sense of weight in the loins. There is no tumour in the hypogastrium, such as a distended bladder would occasion, nor any desire to make water. The most frequent cause of the disease is inflammation,

Symptoms.

GEN. III.
SPEC. II.
α P. retentionis renalis.

Progress of
the disease.
Sometimes
suppurates.

Sometimes
becomes par-
ahysmic.
Sometimes
wastes away.

β P. retentionis
ureterica.
Causes the
same as in the
preceding
variety.
γ P. retentionis
vesicalis.
Causes.

Voluntary
retention of
urine.

Atony of the
bladder as a
cause.

or calculi in the kidneys or ureters. The symptoms at first are sometimes not very urgent. Thus, in an example recorded by Dr. Teeling, its peculiarity was the quantity of gravelly matter in one kidney, with the complete stoppage of the ureter on one side, and the evidently inflamed condition of the other kidney, and that neither of these occurrences should have been marked by any local urgent pain, or sickness of the stomach, and scarcely any fever. The patient had been subject to calculous and gouty symptoms.*]

The kidneys lie so deep, that their intumescence is often imperceptible to the eye, or even to the touch. At times, however, they become wonderfully augmented as the process of inflammation proceeds. Cabrolius gives us the history of a purulent kidney that weighed fourteen pounds.† And where the enlargement is accompanied with but little inflammation, proceeds gradually, and does not enter into a suppurative state, the organ not unfrequently becomes much more enormous, and has sometimes been found to weigh from thirty-five to forty pounds.‡

In this condition, there is no difficulty in conceiving a total obstruction to the flow of the urine, even when elaborated in sufficient abundance. But the kidney, on the contrary, sometimes wastes away, instead of enlarging, and this so much as to become a shrivelled sac, and not exceed a drachm in weight; and as the sinus of the kidney contracts with its body, the organ at its extreme point is sometimes found imperforate: and hence how small soever may be the quantity of fluid which, in this morbid condition, may be separated from the blood, none whatever can pass into the ureter; and if both the kidneys concur in the same emaciation, this also must form as effectual a cause of the disease before us as any other.

When the STOPPAGE OF URINE exists in the URETERS, the causes may be as numerous and nearly of the same kind as when the kidneys are at fault: for here also we occasionally meet with calculous concretions, inflammation, and spasm: to which we may add grumous blood, viscid mucus, and a closed orifice in consequence of ulceration.

VESICAL RETENTION OF URINE is produced by inflammation, pressure upon the neck of the bladder, irritation, or paresis. Pressure upon the neck of the bladder may be occasioned by distension of the rectum from scybala, or other enterolithic concretions, inflammation, abscesses, or piles; or by distension of the vagina from inflammation, or a lodgment of the menstrual flux in consequence of an imperforate hymen. Irritation may be excited by a calculus, or too long a voluntary retention of urine, as oftens happens on our being so closely impacted in large assemblies or public courts, or so powerfully arrested by the interest or eloquence of a subject discussed in such places, that we cannot consent to retire so soon as we ought: whence the sphincter of the bladder, from being voluntarily, becomes at length spasmodically, constricted, and the urine cannot escape.

Atony or paralysis of the bladder, by which its propulsive power

* See Dr. Teeling's case of Suppression of Urine, Trans. of Assoc. Physicians, vol. iv. p. 169. 8vo. Dublin, 1824.

† Cabrol. Observ., p. 28.

‡ Commerc. Liter. Nor., 1731, p. 32.; 1737, p. 326.

is destroyed, is a frequent cause; whence, as Saviard has observed, it is often met with in paraplegia*: and, as Morand remarks, in injuries to the spine.† And hence, I have occasionally found it an attendant upon severe and long-protracted attacks of lumbar rheumatism‡, as most practitioners have probably done of injuries to the kidneys, ureters, urethra, prostate gland, or penis. I have witnessed it in infancy from the irritation of teething, where den-tition has been attended with difficulty.

IN URETHRAL RETENTION OF URINE, the causes do not essentially vary from those already noticed; such as inflammation; the lodg-ment of a calculus; viscid mucus; and grumous blood. To which are to be added, the ligature of a strangulating phimosis; irritation from a blennorrhœa or clap; strictures; the absorption of cantha-rides from blistered surfaces. §

There is always danger from a retention of urine when it has con-tinued so long as to distend and prove painful to the bladder: and the danger is of two kinds: first, that of an inflammation of the dis-tressed organ; and next, that of resorption, and a reflux of the urea, and other constituent parts of the urine, as noticed under the preceding species.

The retention, however, has occasionally continued for a con-siderable period, without mischief. It has lasted from a week to a fortnight. || Marcellus Donatus gives a case of six months' stand-ing ¶; and Paullini another of habitual retention.** But, in all these, an observant practitioner will perceive the two following accompaniments: firstly, a constitutional or superinduced hebetude of the muscular coat of the bladder, so as to indispose it to inflam-mation; and, secondly, a resorption of the urinary fluid, and its evacuation by some vicarious channel, as already remarked under *paruria inops*. We have there stated, that the two most commonly substituted outlets are the excretories of the bowels and of the skin. Dr. Perceval gives an instance of the latter, in which the perspir-able matter was so much supersaturated with the ammoniacal salt of the reflux urine, as to crystallise on the surface of the body, and this to such an extent, that the skin was covered all over with a white saline powder. †† Sometimes it has been thrown out from the stomach intermixed with blood, in the form of a hæmatemesis ‡‡; and sometimes from the nostrils, with the same intermixture, in the form of an epistaxis. §§ And where the absorbents of the bladder have been too torpid for action, it has regurgitated through the ureters into the pelvis of the kidneys, and been resumed by the absorbents of these organs, instead of by those of the former. |||

GEN. III.
SPEC. II.
γ P. retentionis
vesicalis.

δ P. retentionis
urethralis.
Causes.

Danger from
retained urine
at all times
twofold.

Retention has
sometimes
lasted long
without evil:
accounted for.

Instance of
vicarious dis-
charge by skin:
by the stomach:
nostrils.

* Observ. Chirurgiques.

† Vermischte Schriften, b. ii.

‡ See also Snowden, in the London Medical Journal.

§ In this last example, the secretion of urine is always much diminished, though the patient is tormented with a constant desire to attempt micturition. The case, as Dr. Davy remarks, is attended with a phlogosis of the pelvis of the kidney, or of the lining of the bladder, ureters, or some part of the urethra, and even with an effusion of blood under the epithelium. Edin. Med. Journ., No. xcvi. p. 315. — Ed.

|| Eph. Nat. Cur. passim. Cornar. Obs. N. 21.

¶ Lib. iv. cap. 27, 28.

** Cent. ii. obs. 26.

†† Edin. Med. Com., vol. v. 437.

‡‡ Act. Nat. Cur., iii. obs. 6.

§§ Idem, Dec. ii. an. iv. obs. 63.

||| Petit, Traité, &c. Œuvres Posthumes, tom. iii. p. 2. See also Sp. vii. of the present Genus, P. *erratica*.

GEN. III.

SPEC. II.

♂ P. retentionis
urethralis.

Quantity re-
tained some-
times very
considerable.

Medical

process.

Treatment of
renal stoppage
of urine.

The quantity retained, and afterwards discharged, or found in the bladder on dissection, has often been very considerable. It has occasionally amounted to eight or nine pints: and there is a case given by M. Vildé, in the *Journal de Médecine*, in which it equalled sixteen pints.

In all the varieties thus pointed out, the mode of management must be regulated by the cause, as far as we are able to ascertain it.

If we have reason to believe the suppression to be strictly renal, from the symptoms just adverted to, and particularly from ascertaining that there is no water in the bladder or ureters, whether it proceeds from inflammation or stone, we shall do right, in most cases, to employ relaxants and mild aperients; and, where the pain is violent, venesection, succeeded by anodynes. But it sometimes happens, that the obstruction is produced by a parabysmic enlargement or coacervation of the substance of the kidney, without inflammation. If this should occur in both kidneys at the same time, which is rarely the case, we have little chance of success by any plan that can be laid down. If it be confined to one, the sound kidney will often become a substitute for the diseased, and perform double duty; and we may here attempt a resolution of the enlargement by minute doses of mercury continued for some weeks, unless salivation should ensue, and render it necessary to intermit our practice. A mercurial plaster, with ammoniacum, should also be worn constantly over the region of the affected organ.

Treatment of
ureteric stop-
page of urine.

The same plan must be pursued, if we have reason to suspect the obstruction is confined to the ureters. The passage of a calculus is the chief cause of this variety of retained urine: and, independently of the sense of pain and weight in the region of the ureters, which an impacted calculus produces, we have commonly also a feeling of numbness in either leg, and a retraction of one of the testicles in men, symptoms with which all men of experience are familiarly acquainted. Opium and relaxants are here the chief, if not the only, means we can rationally employ. The suppression is seldom total: for the opposite ureter is rarely so much affected by sympathy as to be spasmodically contracted, and equally to oppose the flow of the urine.

Treatment of
vesical stop-
page of urine.

The most common variety of this disease is that of VESICAL retention, or a retention of the water in the bladder. This is usually produced by inflammation, or spasm, by which the sphincter of the bladder becomes contracted, and rigidly closed. Inflammation is to be relieved by the ordinary means; and, in addition to these, by anodyne clysters and fomentations, a warm bath, warm liniments, especially of camphor or essential oil of turpentine, and blisters to the perinæum. Spasm is excited by various causes: a stone in the bladder will do it: the irritation of gonorrhœa, or inattention to the call of nature will bring it on. Spasm is for the most part to be treated, and will in most cases be subdued, by the method just proposed for inflammation; to which we may add camphor and opium by the mouth, and bladders of warm water applied to the pubes and perinæum, or, which is better, the warm bath itself. Camphor has the double advantage of being a sedative as well as an active diuretic; but, combined with opium, we obtain a much more powerful medicine than either affords when employed singly. If the retention proceed from

Camphor.

Spanish flies, camphor alone will often answer; though in this case it is far better to combine with it mucilaginous diluents, as gum-arabic dissolved in barley-water.* Several of the terebinthinate oils have also been employed with great advantage, as the oil of juniper, which is, in fact, nothing more than an essential oil very carefully distilled from the fresh cones of the trees which yield the common turpentine; and the balsamum hungaricum, which is an exudation from the tops of the *pinus silvestris*, and proves sudorific as well as diuretic. Another remedy, of early origin, and which has preserved its reputation to our own day, is the dandelion, the *leontodon taraxacum* of Linnæus. It was at one time regarded as a panacea, and prescribed for almost every disease by which the system is invaded, as gout, jaundice, hypochondrias, dropsy, consumption, parabysmas of every species, as well as gravel and other diseases of the bladder; and was equally employed in its roots, stalks, and leaves. It is now chiefly used as a deobstruent; but it possesses unquestionably diuretic powers, and hence, indeed, its vulgar name of piss-a-bed.

If the joint use of these means should fail, the water is usually evacuated by the introduction of a bougie or catheter, though the irritation is sometimes increased by the use of these instruments; and the spasm (stricture) or the thickening at the prostate, or about the neck of the bladder, is often so considerable, as to prevent an introduction of even the smallest of them.

If, however, no catheter can be passed, all other usual means fail, and the distress be alarming, nothing remains but to puncture the bladder. The circumstances, however, demanding this operation, and the considerations by which the mode of doing it should be determined, must be learned by reference to surgical writers.

The URETHRAL retention, as already pointed out, arises also from inflammation, which is to be treated in the ordinary way; or from a calculus or a stricture; both which are best removed by the application of a bougie. In the last case, the bougie, if it pass without much pain, should be continued daily, and progressively enlarged in its size. It has often been employed with a tip of lunar or alkaline caustic; and, in many instances, with perfect success: but very great caution is requisite in the use of a caustic bougie; and, even in the hands of the most skilful, it has sometimes proved highly mischievous. When a simple bougie is employed, Ferrand† advises that, if the water do not flow immediately, it should be re-introduced and left in the urethra; and I have myself advised such a retention of the bougie-catheter through an entire night with considerable advantage; for the water, which would not flow at first, has gradually trickled, and given some relief to the over-distended bladder, which has hereby progressively recovered its tone and propulsive power; so that the water before morning has been propelled in a stream. But this

GEN. III.

SPEC. II.

Paruria
retentionis.
Treatment.Mucilaginous
diluents.Terebinthinate
oils.

Taraxacum.

Bougie to be
employed with
caution.Puncture of the
bladder when
necessary.Treatment of
urethral stop-
page of urine.Bougie tipped
with caustic
requires con-
siderable cir-
cumspection.Simple bougie
may remain in
the urethra for
a night, where
the bladder has
little irrit-
ability.

* Instead of these medicines, or the spirit of nitric æther usually prescribed, Dr. Davy finds the best mode of relief to be the introduction of the catheter, not with the view of drawing off the urine, but simply for the purpose of letting the instrument remain a few seconds in the neck of the bladder. (Edin. Med. Journ., No. xcvi. p. 315.) One would not be inclined to repose much confidence in this practice, especially when it is considered, that the urethra is in a state of phlogosis.

— ED.

† Blegny Zed., Ann. 1681.

GEN. III.
SPEC. II.
Paruria
retentionis.
Treatment.

is a plan only to be pursued where the organ has too little, instead of too much irritability, and, consequently, where there is no danger of inflammation.

SPECIES III.

PARURIA STILLATITIA.

STRANGURY.

PAINFUL AND STILLATITIOUS EMISSION OF URINE.

GEN. III.
SPEC. III.
Dysuria of
Sauvages and
others.

THIS is the dysuria of Sauvages and later writers. In the preceding species, there is an entire stoppage of the urine; in the present it flows, but with pain and by drops. Several of the causes are those of *paruria retentionis*: but others are peculiar to the species itself; and, as they are accompanied with some diversity in the symptoms, they lay a foundation for the following varieties:—

α Spasmodica.	Spasmodic strangury.
β Ardens.	Scalding strangury.
γ Callosa.	Callous strangury.
δ Mucosa.	Mucous strangury.
ϵ Helminthica.	Vermiculous strangury.
ζ Polyposa.	Polypose strangury.

α P. stillatitia
spasmodica.

THE FIRST VARIETY is characterised by a spasmodic constriction of the sphincter, or some other part of the urinary canal, catenating with spasmodic action in some adjoining part. The spasmodic actions, of which this variety is a concomitant, are chiefly those of hysteria, colic, and spasm in the kidneys. It is hence a secondary affection, and the cure must depend on curing the diseases which have occasioned it. Opium and the digitalis will often afford speedy relief, when given in combination.

Mostly a sym-
pathetic affec-
tion.

β P. stillatitia
ardens.

Dysuria pri-
maria of
Sauvages.

Exciting
causes.

IN THE SECOND VARIETY there is also a spasmodic constriction, but of a different kind, and making it more of a primary affection; whence Sauvages and others have distinguished it by the name of *dysuria primaria*. It is excited by an external or internal use of various stimulants, as acrid foods, or cantharides taken internally; and is accompanied with a sense of scalding as the urine is discharged.

Treatment.
Mucilaginous
diluents.

THIS is also a frequent result of blisters: and to avoid it in this case the patient should be always advised to drink freely of warm diluents in a mucilaginous form. Gum-arabic, marsh-mallows root, the jelly of the orchis or salep, infusion of quince-seed, linseed, or decoction of oatmeal or barley, may be employed with equal benefit.

Camphor.

Camphor has also been employed with great advantage, and acts on the double principle of being a diuretic and a sedative. It is often found to act in the same manner when applied externally, and even when intermixed with the blister plaster itself,

as though in some constitutions it possesses a specific influence over the bladder; upon which subject Dr. Perceval has penned the following note in his Commentary to the volume of Nosology: —“In three instances, blisters sprinkled with camphor were repeatedly applied without strangury, and as uniformly, when the camphor was omitted, with the concurrence of that symptom. I will not say, that in all constitutions camphor will obviate strangury; nor in all constitutions will cantharides without camphor produce it.”*

It will commonly be found useful, and sometimes absolutely necessary, in this variety, from whatever cause produced, to employ neutral aperients: and, with them, the means just recommended in cases of cantharides will rarely fail to succeed in most other cases. If not, the practitioner should have recourse to a decisive dose of opium.

Strangury is also occasioned by a CALLOUS THICKENING of the membrane of the urethra, producing a permanent stricture. Some interesting examples of this may be seen in Dr. Baillie's Plates of Morbid Anatomy.†

The most common situation of a stricture is just behind the bulb of the urethra, though it may take place in any other part. M. Ducamp has invented an ingenious instrument for determining the exact point, consisting of a sound graduated into inches, half inches, and lines, which at oncé determines the distance of the obstruction from the orifice of the urethra. In five cases out of six, however, he found the obstruction seated not higher up than from four and a half to five and a half inches, and he is inclined to think, that this is rather higher than occurs in general‡, which is contrary to the ordinary calculation in our own country. A stricture of this kind “consists,” says Dr. Baillie, “of an approximation, for a short extent, of the sides of the canal to each other. Sometimes there is a mere line of approximation, and not uncommonly the sides of the urethra approach to each other for some considerable length, as, for instance, nearly an inch. The surface of the urethra at the stricture is often sound, but not unfrequently it is more or less thickened.” It is this thickening which produces the variety of strangury before us; and Mr. Bauer has satisfactorily explained these effects by a series of microscopical plates, which show us that spasmodic strictures in the urethra are produced, not from a contraction of any supposed circular fibres in the inner tunic, but by a contraction of a greater or less portion of the fibres of the exterior and surrounding fibres of the muscular coat, which may take place through the entire ring, or only on one side.§ The sides of the urethra are sometimes approximated so nearly by its tumefaction that the stricture will only allow a bristle to pass through it: and hence ulcers are occasionally formed in the prostate gland, and fistulæ in the perinæum; and the diameter of the urethra between the stricture and the bladder is enlarged

GEN. III.
SPEC. III.
β P. stillatitia
ardens.
Treatment.

Neutral
aperients.

γ P. stillatitia
callosa.

Most commonly
seated just be-
hind the bulb.

Mischievous
results.

* Dr. Davy's mode of relieving strangury from the absorption of cantharides has been already mentioned under Spec. II. It is probable, that mixing camphor with the blistering plaster only operates on the principle of dilution. — ED.

† Fascic. viii. pl. iv. v.

‡ Traité des Rétentions d'Urine, &c. Paris, 8vo. 1822.

§ Phil. Trans. 1820, p. 186.

GEN. III.

SPEC. III.

γ P. stillatitia
callosa.Pain peculiarly
distressing,
and has pro-
duced hernia.Remedial
process.]Skilful use of a
bougie often
serviceable.

Illustrated.

δ P. stillatitia
mucosa.Catarrhus
vesicæ, what.Medical
treatment.Severe and
striking exem-
plification.

by the accumulation and pressure of the urine in that situation; of all which Dr. Baillie has also given examples.

The pain in micturition is sometimes peculiarly distressing; the limbs tremble, the face becomes flushed, and the feces issue at the same time, so that the patient is obliged to pass his water in the position in which he goes to stool. M. Ducamp gives the case of a merchant labouring under this complaint, in whom the violent straining produced a large inguinal hernia: and refers to others, who were afflicted with stricture of the rectum from the same cause.*

When the prostate, or urethra, is thus highly irritable, palliation only can be resorted to; but where the thickening is recent and there is little irritation, a skilful use of a bougie will sometimes afford temporary relief; after which, by gradually employing those of larger diameter, the stricture will often give way and the canal widen, so as to allow the water to flow with considerable comfort. M. Ducamp objects to the use of bougies, from the mischief they produce when unskilfully applied.† But the objection is too indiscriminate: and the plan is, after all, less adventurous than any application of caustic, although in the more cautious, but more complicated, way proposed by himself.

In the variety which we have called MUCOUS STRANGURY, the urine is intermixed with a secretion of acrimonious mucus, of a whitish or greenish hue, which is frequently a sequel of gout, lues, or blennorrhœa. It is often, however, produced by cold, and in this last case forms the *catarrhus vesicæ* of various authors: so denominated from its being conceived that the bladder and urethra are affected in the same manner as the nostrils in a coryza. The constriction therefore depends upon an excoriated or irritable state of the urethra, or neck of the bladder, and, at times, of the mucous membrane of the bladder itself.‡ And hence the warm-bath, or sitting in a bidet of warm water, is often of considerable service. Warm and diluent injections have also frequently been found, as well as diluent and demulcent drinks, of great advantage. A very severe case of this kind occurred not long since to the author, in a lady of the middle of life, who had about three months before suffered much from a laborious labour, in which a dead child was brought into the world by the use of the single blade. The bladder, irritated in the course of the labour, was long affected with irregular action, but at length appeared to have recovered its tone. A sudden exposure to cold brought back the irritability, the mucous discharge was considerable, and the micturition so constant and painful, that, for two nights in succession, the patient evacuated the bladder, or strove to evacuate it, nearly forty times each night. The plan above recommended was dili-

* *Traité des Rétentions d'Urine, &c.* Paris, 8vo. 1822. In Sir Astley Cooper's Work on Hernia, is the account of a patient with strictures, who had several hernial protrusions brought on by the efforts of the abdominal muscles to empty the bladder. In fact, the frequency of hernia, as a consequence of old and bad strictures in the urethra, is well known to all experienced surgeons. — ED.

† *Traité des Rétentions d'Urine, &c.* ut supra.

‡ Tacheron, *Recherches Anatomico-Pathologiques sur la Médecine Pratique*, in loco.

gently pursued, and at night the body swathed with flannel wrung out in hot water, with an outer swathe of a towel. Forty drops of laudanum were given at bedtime, and repeated doses of tincture of hyoscyamus in the day. On the third day the disease subsided, and vanished in the evening. If this variety continue long, it is apt to produce an obstinate and very narrow stricture, of which ulceration and fistulæ in perinæo are frequent results.*

GEN. III.
SPEC. III.
♂ P. stillatitia
mucosa.

Strangury is also sometimes accompanied with a DISCHARGE OF WORMS of a peculiar kind, and proceeds from the irritation they excite. Of this we have various instances in the Ephemerides of Natural Curiosities †, in some of which the worms were found in the bladder after death, and in others discharged by the urethra during life: and a like fact is alluded to by Dr. Frank, though he does not seem to have witnessed it himself. ‡ They are described as of different forms in different cases, sometimes resembling the larves of insects; sometimes distinctly cucurbitinous, of the fasciola, fluke, or gourd-kind. Dr. Barry of Dublin has given us the case of a solitary worm discharged by the urethra of a man aged fifty, "above an inch in length, of the thickness of the smallest sort of eel, and not unlike it in shape, ending in a sharp-pointed tail." It was dead, but did not seem to have been dead long. The patient had for several years been in the habit of discharging urine mixed with blood, but unaccompanied with pain either in the bladder or urethra. During the whole of this time he had been feverish; and gradually lost his appetite, found his strength decay, and had become tabid and hectic: from all which he speedily recovered as soon as this cause of irritation was removed. § M. Demet has lately given a similar case, but of a more complicated kind. The patient was a man of fifty years of age, who had through a great part of his life been subject to anomalous pains in the lumbar region and abdomen, and, in adolescence, to a frequent nasal hemorrhage. One day, at the period now spoken of, after passing much blood by the urethra, he voided by the same channel a round worm *fourteen inches in length, of the size of a goose-quill*: after which he found himself greatly relieved, and the hæmaturia ceased. In the course of three months, he voided by the same passage fifty worms, apparently of the same species, but of different sizes. He had notice of their forth-coming by a sense of heat in the urinary canal, and a slight febrile excitement, which went off as soon as the worms were ejected. They were uniformly dead when discharged. ||

ε P. stillatitia
helminthica.

Worms differ
in form in dif-
ferent cases.

Sometimes
solitary.

Singular case
of Demet.

Sometimes
gregarious.

We have also an example of a like vermicule, highly gregarious, and of considerable length, in an interesting paper inserted by Mr. Lawrence in the second volume of the Medico-Chirurgical Transactions. The patient was a female, aged twenty-four, and had long laboured under a severe irritation of the bladder, which

Illustrated
from Lawrence
in a singular
case.

* It is scarcely necessary to remind practical men, that the catarrh of the bladder, as it is here called, does not produce the stricture, but is generally the effect of it, or of disease of the prostate gland, or some irritation in the neighbourhood of the bladder. — ED.

† Dec. I. ann. ix. x. obs. 113., dec. II. ann. I. obs. 104., ann. VI. obs. 31., dec. III. ann. I. obs. 82., ann. II. obs. 203.

‡ De Cur. Hom. Morb. Epit., tom. v. p. 79.

§ Edin. Med. Ess., vol. v. part. II. art. LXXII. p. 289.

|| Dict. des Sciences Médicales, Art. CAS RARES.

GEN. III.
SPEC. III.
ε *P. stillatitia*
helminthica.

Explained
analogically.

was ascribed to a calculus. She at length discharged three or four worms of a nondescript kind, and continued to discharge more, especially when their removal was aided by injections into the bladder, or the catheter had remained in the urethra for the night. The evacuation of these animals continued for at least a twelvemonth. Twenty-two were once passed at a time; and the whole number could not be less than from eight hundred to a thousand. A smaller kind was also occasionally evacuated. The larger were usually from four to six inches in length; one of them measured eight. For the most part, they were discharged dead.

The subject is obscure, but it may be observed, that the ova of various species of worms, and even worms themselves, are occasionally found in many animal fluids, and have been especially detected in the blood-vessels, where they have been hatched into grubs or vermicules, for the most part of an undecided character; though some, observed in the mesenteric arteries of asses, have been referred to the genus *strongylus*.^{*} And in like manner, Dr. Frank assures us, that he has found *ascarides* both in the bladder and kidneys of dogs, particularly in polypous concretions in these organs.[†] Dr. Barry supposes his isolated worm to have travelled in the form of an ovum as far as to the extremity of an exhaling artery opening into the bladder; to have found, in this place, a proper nidus and nourishment for the purpose of being hatched into a larve or grub, and of growing to the size it had assumed when thrown out of the urethra; and, in consequence of this progressive growth, and the proportional dilatation of the vessel in which it was lodged, he accounts for the discharge of blood without pain. If a worm reach the bladder alive and full of eggs, we have no difficulty in accounting for a succession of progenies.[‡]

^{*} Hodgson on the Diseases of Arteries.

[†] De Cur. Hom. Morb. Epit., tom. v. p. 76.

[‡] The editor, through the kindness of his friend, Mr. Docker, late of Canterbury, has been furnished with the particulars of a young woman, upwards of twenty years of age, who has been under the care of Mr. Law, of Penrith, in Cumberland, since October, 1830, and has discharged several thousand portions of *tænia* from the meatus urinarius. In a letter, dated Penrith, Aug. 29. 1833, Mr. Law states, that "she first felt a sensation like that of a rupture of the bladder, when in the act of stooping to cut a corn, in August, 1829. From that time she had discharges of bloody urine occasionally, with the sensation of some thing moving in the bladder, more particularly so after each evacuation, and had concluded that this was a worm. However, no mention was made of this to any one, although her health was impaired, until I was called to attend her for an attack of laryngitis, in October, 1830. Blisters being used, brought on retention of urine, with cystitis, which rendered the use of the catheter necessary. After this had been conquered, she mentioned her feelings and apprehensions to me, which for some time I treated as imaginary, till at length, from the greatly disturbed state of the muccous membrane of the bladder, evidenced by deposition, in large quantities, of a white sediment in the urine, I was led to try the exhibition of spirit. terebinth., both by the mouth and injection. Great irritation ensued, but a small portion (about eight joints) of *tænia* was discharged, per urethram, alive. This led me to the determination to try the effect of opiate solutions, frequently injected into the bladder, which, by keeping the worm constantly under its influence, might destroy it. This persevered in for three days answered the purpose; all motion of the worm ceased; and, by an expansion of the urethra, its discharge was effected in large quantities, but in so decayed and broken a state, that its parts could not be numbered; but I am certain that there could not have been less than 2000 joints. With these there was much hemorrhage, also membranes and other substances. From this date, January, 1831, to the beginning of April of the same year, there were not indications of more *tæniæ*; yet the

urine was generally tinged with blood, and deposited the white sediment in less quantities than formerly. During this period an anodyne injection had been used almost daily, as the irritation of the bladder was considerable. At this time she again felt the motion of *tæniæ*, and I again resorted to frequent opiate injections, but without success for some days, and then determined upon the administration of spirit. terebinth. by the mouth, a tea-spoonful of which was taken on the morning of the 18th of April, and which passed by the bladder in an hour and a half, bringing off some portions of the worm in a recent state, with a net-like membrane. From this date to September 20th, there were passed from the bladder, per urethram, 1239 joints of different sizes, from one third to the eighth of an inch in width, and which were all preserved, with portions of a net-like membrane, and fungi, either like the liver or the muscles of a fowl, and sometimes of a fleshy fibrous substance, having the appearance of the muscular coat of the bladder, with a shaggy surface on one side, resembling the villous coat of the intestines. These were brought away almost daily, while the urine diminished in quantity, rarely exceeding four ounces in twenty-four hours. A pause ensued from the last date to November 16th, of the same year; during which time neither worm nor substances passed off, but the fluid discharged was bloody, and always highly offensive. On this day the spirit. terebinth. was again administered, and brought off in an hour two small pieces of net-like cellular tissue, with nine joints of middle-sized worm interwoven with it. From this time to January 18. 1832, there were 773 joints preserved of different sizes, and these were generally accompanied with membrane and fungi of different kinds. From this date to March 27., there were no portions of *tænia* passed; but on that day the spirit. terebinth. was again taken, and before May 1st, 853 joints passed, making a total of 2865 now in my possession, besides a very small and apparently perfect worm of twenty-nine joints. During the period mentioned there have been at different times profuse hæmorrhages from the intestines, surmised to arise from the ascending colon, which have reduced my patient to a very weak state. She is now (August 23.) in tolerable health, but again bringing away, from the use of the spirit. terebinth., more *tæniæ*. On the 21st instant there came off four joints of a small worm, with two small fungi.

"Among the singular and unaccountable phenomena accompanying this affection, is the rapidity with which spirit. terebinth. now passes from the stomach to the bladder. It is invariably felt in the bladder in less than twenty seconds from being taken; and its evacuation, per urethram, rarely exceeds two minutes: on one occasion it passed in one minute and a quarter; and from the recent appearance of the worm and fungi, seems to separate them in passing.

"Mr. Docker is in possession of some specimens of the worm, fungi, and membranes."

In a later communication to Mr. Docker, the following additional particulars of this remarkable case are given: —

"Tuesday Evening, April 15th, 1834.

"My dear Cousin,

"I am very sorry that I have hitherto been unable to send you the specimens of *tænia*, &c. as you requested, and now do so in a great hurry, in order to avail myself of a gentleman's visit to London, who has kindly offered to take a box for me. My engagements, during the absence of my young man at Edinburgh, were so many, that I could not find time to make a selection of my *tæniæ*, &c. for Mr. Cooper until his return, and now send you a few specimens of the different sizes, with those of the fungi, muscular substances, as I call them, and the net-like membranes. I also inclose a copy or two of my memoranda regarding the effects of the spirit. terebinth., and also the results, for a few days (which may be taken as a fair sample of the whole). You will see by the former the rapid passage of the spirit. terebinth. from the stomach to the bladder, and the increase of that rapidity by degrees to its present point, about eight seconds, and its evacuation in less than a minute, when the orifice is not obstructed by much substance. This is an interesting phenomenon, and worthy of the particular attention of the anatomist and physiologist. As you have been an eye-witness, with many other medical men, it is a fact which can admit of no doubt. The second phenomenon is also remarkable and interesting: the small secretion of fluid by the kidneys. This is always increased by the spirit. terebinth. on the day following its exhibition. The cups which are used by the patient hold four ounces and a half each. I do not know whether you have sufficient data from which to make out the case, but if Mr. Cooper wishes for a view of the

GEN. III.
SPEC. III.
P. stillatitia
helminthica.

GEN. III.
SPEC. III.
P. stillatitia
helminthica.

whole case, I shall be happy to try to make it out for him. The nidus of the worms is still undestroyed, and I am now about to try some of the preparations of iron held in solution. The general health (if it may be so called) of my patient, is better than heretofore, and I am yet using occasionally the spirit. terebinth., although it seems to distress her much. Perhaps you will be kind enough to see Mr. Cooper, and forward the box to him, with my memoranda.

“ Believe me, dear Cousin, affectionately yours,
“ THOS. LAW.”

Copy of Memoranda made from March 24. to June 1833, in the Case of Jane Stephenson.

Date.	Spiritus Terebinthinæ administered.	Time of evacuation from bladder.	Tænia and other substances evacuated.
March 24.	ʒjss. 1 p. m.	28 minutes	{ 66 joints in one piece, 1 piece of fatty cellular membrane, and 5 small livery pieces.
25.	ʒjss. 11 a. m.	20 minutes	{ 46 joints of tænia unconnected, but in a fresh state.
26.	ʒj. ½ past 10 a. m.	15 minutes	{ 82 joints of tænia, different sizes; 1 large piece of net-like membrane. <div>Size. </div>
27.	ʒj. 11 a. m.	28 minutes	{ 122 joints, different sizes, and 2 net-like membranes.
28.	None	Fluid bloody, 7 oz.	None.
29.	ʒj. 12 noon	24 minutes	{ 162 joints; a few small livery substances.
30.	ʒj. 10 a. m.	15 minutes	- 160 joints, different sizes.
April 1.	ʒjss. 10 a. m.	12 minutes	- 34 joints, nearly of same size.
4.	ʒjss. a. m.	11 minutes	- 165 joints, different sizes.
10.	ʒjss. a. m.	11 minutes	- 46 joints, 1 membrane.
11.	ʒjss. a. m.	10 minutes	- 86 joints, 2 membranes.
12.	ʒjss. a. m.	11 minutes	- 28 joints, 1 membrane.
14.	ʒjss. a. m.	Not noted	{ 48 joints, 1 membrane in a decayed state.
15.	{ None administered, as the tæniæ were now in a decayed state	{ - - -	60 joints, 1 membrane.
16.	None	- - -	35 joints, 1 membrane.
17.	None	- - -	25 joints.
18.	None	- - -	{ 6 joints, ½ inch wide; 27 joints, middle-sized.
24.	ʒjss. 10 a. m.	Not noted	35 joints.
26.	ʒij. 10 a. m.	3 minutes	{ 3 joints, large; 20 joints, middle-sized.
27.	ʒij.	3½ minutes	{ 2 joints, large; 6 joints, middle-sized.
May 4.	ʒij. 10 a. m.	{ In half a minute felt in bladder*, came off in 2¾ minutes	{ No tænia; fungus, weighing ʒij.
As there was no appearance of tæniæ or fungi, and the patient felt weak, the spirit. terebinth. was suspended till June 25., when it was again tried.			
June 25.	ʒij. 10 a. m.	{ Felt in bladder in 20 seconds, evacuated in less than 2 minutes	{ No tænia, but a piece of fungus, with a piece of substance like fasciculi of muscular fibres.
27.	ʒij. 10 a. m.	{ Felt in bladder in 15 seconds, and evacuated in 2 minutes.	

* This was the first day on which the rapid passage to the bladder was noticed.

Strangury is also sometimes produced in consequence of the orifice of the bladder, or canal of the urethra, or both, being obstructed by the formation of a POLYPOUS EXCRESCENCE.*

GEN. III.
SPEC. III.
ζ P. stillatitia polyposa.

Memoranda from January 29., 1834.

Date.	Spirit. Terebinth. administered.	Time when felt in bladder.	Time of evacuation.	Results.
Jan. 29.	℥ iij. 10 a. m.	14 seconds	40 seconds	{ 69 joints of tænia, many livery fungi, and muscular fasciculi. 38 joints connected and 5 separated, both fresh ; livery fungi and muscular fasciculi.
Feb. 1.	℥ iij. - -	15 seconds	1 min. 10 sec.	
2.	} None.			
3.				
4.				
5.	℥ iij. - -	10 seconds	52 seconds	18 joints, fungi, and fasciculi.
7.	℥ iij. - -	20 seconds	1½ minutes	70 joints, fungi, fasciculi, and net.
11.	℥ iij. - -	10 seconds	2 minutes	{ 100 joints, 3 sizes, livery fungi, and muscular substances.
15.	℥ ij. - -	9 seconds	45 seconds	{ 1 thick reticulated membrane, with muscular substances.
19.	℥ iij. - -	8 seconds	2½ minutes	102 joints, fungi, and musc. sub.
22.	℥ iij. - -	8 seconds	1 min. 40 sec.	92 joints, muscular substances.
24.	℥ ij. - -	10 seconds	54 seconds	Muscular substances, but no joints.
25.	℥ iij. - -	9 seconds	1 min. 20 sec.	65 joints, musc. sub., and fungi.
27.	℥ iij. - -	Not noted	- - -	7 joints, fungi, livery and musc. sub.
March 3.	℥ iij. - -	8 seconds	1 min. 8 sec.	19 joints, many muscular sub.
8.	℥ iij. - -	10 seconds	1 min. 10 sec.	28 joints, ditto.
14.	℥ iij. - -	9 seconds	1 min. 5 sec.	16 joints, ditto.

Day and hour.	Quantity of urine. 1st evacuation.	Remarks.	1st injection.	Remarks.	Cups taken in 24 h.	2d injection, which remains.
Nov. 8. from 5 to 7 p. m.	} ℥ iij. 2 dr.	{ Nearly colourless	Aq. tepid. ℥ iij.	{ Returned in quantity ℥ iij. 3 vij.	3	{ Aq. 3 x. Tr. opii 3 ij.
Nov. 9.	℥ ij. 3 vj. - {	Brown and resinous -	Aq. tepid. ℥ iij.	{ 3 vij. pale -	4½	Same.
10.	℥ iijss. - {	Tinged with blood -	} Same -	℥ iij. 3 vi. -	3	Same.
11.	℥ iijss. -	- - -	Same -	℥ iijss. -	3	Same.
12.	℥ ijss. -	Red - -	Same -	℥ iijss. -	3	Same.
13.	℥ iij. 3 vj. -	Red - -	Same -	℥ iijss. -	3	Same.

The editor returns his best thanks to Mr. Law for the foregoing particulars, which would have been more complete had they comprised a statement of the condition of the alvine evacuations. Professors Elliotson and Carswell, who have examined some of the specimens of tænia kindly forwarded to Mr. Cooper, conclude with him that, in this singular case, some communication exists between the bladder and the bowels. If the patient were to die, an examination of her body would be desirable. In one of the last numbers of the London Med. and Surg. Journ., is a case where a lumbricus was voided from the bladder ; but no other instance, excepting that under Mr. Law, is known of tæniæ being expelled from that organ. — ED.

* Tumours sometimes form in the bladder, and obstruct the flow of urine into the urethra ; but, with respect to the formation of polypi and caruncles in the urethra, it is now well known, that, what the old surgeons used to regard in this light, was usually only common strictures. The excrescences spoken of by Dr. Perceval, as situated near the neck of the bladder, were probably what Sir Everard Home has described as the effect of some conditions of the prostate gland. — ED.

GEN. III.

SPEC. III.

ζ P. stillatitia
polyposa.

Only to be
cured radically
by extirpation,
when it can be
laid hold of.

When small,
has been some-
times spon-
taneously de-
tached.

Singular case
in illustration
from Perceval.

Excrescences
sometimes
ulcerate.

Dr. Baillie's Morbid Anatomy furnishes several examples of this variety ; which, in most cases, is only to be radically cured by an extirpation of the substance which produces the obstruction*, wherever it can be laid hold of. When small, however, and in the form of caruncles, these excrescences have sometimes separated spontaneously, and been thrown out by the urethra, with very great relief to the sufferer, and have been followed by a perfect cure.†

Upon this variety, my venerable friend Dr. Perceval has added the following note in his manuscript Commentary on the Nosology, from which the present work has been so often enriched:—“It might not be amiss to insist on a case, which sometimes deceives young practitioners, — ischuria cum stranguria. A copious draining of urine took place for several days in a patient with a swelled belly. Death supervening, the bladder was found distended to an enormous bulk, and the parietes of the abdomen wasted. Two excrescences near the neck of the bladder internally had almost closed its outlet, and interfered with the action of the sphincter.” Where the irritation is considerable, these excrescences sometimes ulcerate, and form fungous sores, with great distress and gnawing pains, that shoot into the hips and posterior muscles of the thighs, though the exact mischief cannot be ascertained till after death ; of which Mr. Bingham has given an example.‡

SPECIES IV.

PARURIA MELLITA.

SACCHARINE URINE.

URINE DISCHARGED FREELY, FOR THE MOST PART PROFUSELY ;
OF A VIOLET SMELL AND SWEET TASTE ; WITH GREAT THIRST,
AND GENERAL DEBILITY.

GEN. III.

SPEC. IV.

Diabetes of
authors.

Term used in
a loose sense
formerly, im-
porting a flux
of crude or
aqueous urine
of any kind.

Synonyms.

Dipsacus.

Hyderus, or
water-flux.

THIS is the diabetes, diabetes Anglicus, or diabetes mellitus of authors ; from διαθήτης, importing “a siphon,” or rather from διαβαίνω, “transeo.” Diabetes, among the Greek and Roman, and, indeed, among modern physicians till the time of Willis, imported simply a flux of urine, either crude or aqueous,—for no distinction was made between the two—and both were named indifferently diabetes, dipsacus from the accompanying thirst, urinary diarrhœa, urinal dropsy, and hyderus (ὑδερὺς), or water-flux.§ The writers among the ancients, who seem chiefly to have noticed it, are Galen, Aretæus, and Trallian. The form of diabetes, to which we are now directing our attention, Galen describes as having a resemblance to lientery, from the rapidity with which the solids and fluids of the body seem to be converted into a crude and liquid mass, and hurried forward to the kidneys ; and to

* Fascic. ix. plate III.

† Fabric. Hildan., cent. iv. obs. 53. Art. Nat. Cur., vol. i. obs. 13.

‡ On the Diseases and Injuries of the Bladder, &c. 8vo. Lond. 1822.

§ Galen, de Crisibus, lib. I. cap. XII.

canine appetite, from the voracity and thirst which are its peculiar symptoms. He supposes a high degree of appetency or irritation to exist in the substance of the kidneys, in consequence of which it attracts the matter of urine with great vehemence from the vena cava; and an equal degree of atony and relaxation to exist in its orifices or pores, so that the same matter flows off unchanged as soon as it reaches them.*

This general view of the subject was adopted, with a few additions, by Aretæus, and, without any, by Trallian; and seems to have descended, with little variation, as we have just observed, till the time of Willis, who first called the attention of practitioners to the curious and important fact, that the urine of diabetic patients seems, in many cases, to contain a saccharine principle. In his time, however, these cases were not duly distinguished, and hence, in Sauvages, who was well acquainted with Willis's discovery, diabetes signifies equally an immoderate flux of urine from hysteria, gout, fever, spirituous potation, as well as urine combined with saccharine matter: though the only relation which the last has to the rest, is that of its being *usually* secreted in a preternatural quantity: but, as even this last quality, though mostly, is not always, the case, it should be distinguished by some other name than that of diabetes, and form a distinct division: or, if the name of diabetes be applied to it, it should be given to it exclusively. Dr. Young, who retains the name in the latter sense, and employs it as that of a genus, justly allows but one species to the genus, the *diabetes mellitus* of Cullen, and describes the *diabetes insipidus*† under the genus and species of *hyperuresis aquosus*. The distinction indeed is so clear, and has been so generally admitted for nearly the last half century, that it is wonderful Professor Frank, with all his fondness for generalisation, should have turned to the erroneous view of the early writers, and again confounded genuine diabetes with hyderus or water-flux, the enuresis of most writers. There is great doubt whether this last ever exists as an idiopathic affection. Cullen, himself, indeed, candidly expresses the uncertainty of his mind upon the subject: — “Almost all the cases of diabetes of late times,” he observes, “exhibit saccharine urine, ita ut dubium sit, an alia diabetes idiopathicæ et permanentis species revera detur.” If such be found, it will probably be nothing more than a variety of the next species in the present arrangement, PARURIA INCONTINENS: while the honeyed diabetes, or saccharine urine, ought to be studied as a distinct affection.‡

GEN. III.
SPEC. IV.

Paruria
mellita.

Treated of
by Galen,
Aretæus, and
Trallian.

Description of
Galen, as ap-
plicable to the
present dis-
ease.

His view
adopted till the
time of Willis,
who first
pointed out the
saccharine
principle.

Yet no proper
distinction was
made by
Sauvages
and others.

How distin-
guished by
Young: the
diabetes insipi-
dus of Cullen
equivalent to
his hyperuresis
aquosus.

Confused
generalisation
of Frank.

Whether the
lasts exists as
an idiopathic
affection.

* De Loc. Affect., lib. vi. cap. iii. iv., compared with De Crisibus, lib. i. cap. xii.

† In diabetes insipidus, the urine is almost exclusively composed of water and a small proportion of animal matter. See Andral, Anat. Pathol., tom. ii. p. 657.—ED.

‡ M. Renaudin (Dict. des Sciences Méd.), Dr. Prout, and the generality of modern writers on diabetes, agree in the propriety of confining this term to the disease in which the urine contains sugar, the paruria mellita of our author. Dr. J. L. Bardsley does not assent, however, to this view of the subject; and he maintains that there are several instances on record of patients dying under all the symptoms of diabetes, yet without the slightest indication of sugar in the urine. Here, he argues, that it would not be fair to assume its presence in a latent state; for, says he, it may be latent in the most incidental case of hysterical

GEN. III.

SPEC. IV.

Paruria
mellita.Pathology
involved in
obscurity.Seat of the
disorder a sub-
ject of discus-
sion.Description of
its origin.

The pathology of this disease is still involved in a considerable degree of obscurity: for, though anatomy has pointed out a few morbid changes that exist more or less extensively in the urinary or digestive organs, and chemistry has sufficiently explained to us the morbid character of the discharge, they have thrown less light upon its origin than could be wished for, and have hitherto led to no satisfactory opinion upon the subject. Even the seat of the disorder is, to the present hour, a point of controversy.

Saccharine or honeyed paruria is rarely, though sometimes *, found in early life, but is often a sequel to a life of intemperance, on which account it is occasionally connected with a morbid state of the liver. It makes its approach insidiously, and often arises to a considerable degree, and exists for some weeks, without being particularly attended to. If the urinary symptoms take the lead, it is without the patient's noticing them, for the first morbid change he is sensible of is in the stomach. At this time, to adopt the description of Dr. Latham, "it is attended, for the most part, with a very voracious appetite, and with an insatiable thirst; with a dry, harsh skin †, and clammy, not parched, but sometimes reddish tongue; and with a frequent excretion of very white saliva, not inspissated, yet scarcely fluid. As the disease proceeds, it is accompanied often with a hay-like scent or odour issuing from the body, with a similar sort of halitus exhaling from the lungs, and with a state of mind dubious and forgetful: the patient being dissatisfied, fretful, and distrusting, ever anxious indeed, for relief, but wavering and unsteady in the means advised for the purpose of procuring it." ‡

Progress.

Urinary secre-
tion sometimes
only slightly
increased, but
often very
much so.

In the mean time, the kidneys discharge a fluid usually very limpid, though sometimes slightly tinged with green, like a diluted mixture of honey and water, and possessing a saccharine taste, more or less powerful. The quantity, in a few rare instances, has been found not much increased beyond the ordinary flow, but, for the most part, the secretion is greatly augmented, and not unfrequently amounts to forty or upwards of forty pints, in the course of a day and night. §

enuresis, and then how could the name of diabetes be refused to this fortuitous symptom? (Cyclop. of Pract. Med., art. DIABETES.) Certain cases, in which an excess of urea in the urine is a characteristic symptom, have been, according to Dr. Prout, mistaken for what writers term diabetes insipidus. See an Inquiry into the Nature and Treatment of Diabetes, Calculus, &c. London, 1825, 2d edit. — ED.

* Latham's Facts and Opinions, p. 176. Dr. Bardsley has witnessed two instances of the disease in children under six years of age; and a very clear example, connected with the process of dentition, is related by Morton. Dr. Watt also met with one case in a boy only three years old. — ED.

† It is observed by Dr. Marsh, 1st, That, in many of the cases whose histories are recorded, the earliest disturbance in the general health could be distinctly traced to some cause acting upon the skin, and producing derangement of its functions. 2dly, Every case of diabetes mellitus is accompanied with a peculiarly morbid condition of the skin. 3dly, None of the remedies employed produced the slightest benefit until the skin began to relax, and a sweat to appear on the surface. See Dublin Hospital Reports, vol. iv. p. 432. — ED.

‡ Facts and Opinions concerning Diabetes, &c. p. 1.

§ Frank, De Cur. Hom. Morb. Epit., tom. v. p. 44. This author relates the particulars of a case, in which fifty-two pounds were discharged in twenty-four hours; and instances are by no means uncommon of from twenty-five to thirty-

The pulse varies in different individuals, but, for the most part, is quicker than in health; and, not unfrequently, there is a sense of weight, or even acute pain, in the loins, occasionally spreading to the hypochondria, a symptom, which Aretæus notices as one of the earliest that appears; the uneasiness extending still lower, till, as the same writer remarks, a sympathetic smarting is felt at the extremity of the penis whenever the patient makes water.

The flesh wastes rapidly; and as the emaciation advances, "cramps," says Dr. Latham, "or spasms of the extremities sometimes supervene, the pulse is more quick and feeble, and the saliva more glutinous. And when the strength is almost exhausted in a still more advanced stage of the disease, the lower extremities often become œdematous, and the skin cold and damp: the diabetic discharge is then frequently much diminished, and is sometimes even found to become more urinous for a few hours before death closes the distressing scene."

A pulmonic affection occasionally accompanies or precedes the attack; Dr. Bardsley, indeed, affirms that he does not recollect a case that was entirely free from this symptom. And it is probably on this account, as also from the feverish state of the pulse, which by some writers has been supposed to partake of a hectic character, that by MM. Nicolas and Geudeville the disease has been denominated *phthisurie sucrée*. * The state of the bowels is extremely variable, though there is commonly a troublesome costiveness; sometimes, indeed, so much so, that the feces are peculiarly hardened and scybalous. In a few instances, the disease seems to be connected with family predisposition. Mr. Storer has noticed a case of this kind in his communication with Dr. Rollo; and M. Isenflamm has given the history of seven children of the same parents, who fell victims to it in succession. †

Professor Frank, who, during a practice of twenty years in Germany, met with but three cases of this complaint, though afterwards with seven in the course of eight years in Italy, adds to the preceding symptoms, that the skin is scaly as well as arid. ‡

The real nature of the fluid evacuated has been very sufficiently determined, both in our own country and on the Continent, by

GEN. III.
SPEC. IV.
Paruria
mellita.

Termination.

Pulmonic
affection.

Costiveness
sometimes very
obstinate.

Sometimes con-
nected with a
family predis-
position.

Skin arid and
scaly.

Nature of the
fluid evacuated:
destitute of its
proper salts;
and loaded
with saccharine
matter.

five pints having been voided every day for weeks and months together. (See Dr. Copland's Dict. of Pract. Med., art. DIABETES, p. 507.) Fonseca saw an instance, in which the incredible quantity of 200 pints of urine were discharged in twenty-four hours. — Ed.

* Recherches et Expériences Médicales et Chimiques sur la Diabète sucrée, ou la Phthisurie sucrée. 8vo. Paris, 1803.

† Versüch einiger practischer Anmerkungen über die Eingeweide, &c. Erlang. 1784. The same thing is noticed by Dr. Prout, who knew a mother, an uncle, a brother, and a sister, all affected with the disease; and it is singular that an excess of urea seemed in some cases of this kind to constitute the first step towards the presence of saccharine matter; and, as an able critic remarks, when we couple with this the fact, related p. 82. of Dr. Prout's work, of the effect of opium in changing the urine from six or eight pints, sp. gr. 1.038, containing a large proportion of white sugar, and very little urea, to two pints, sp. gr. 1.174, with an excess of urea, and apparently no sugar, we must agree with Dr. Prout, that this alternation of a principle containing nearly half its weight of azote, with another containing no azote at all, is perhaps one of the most singular facts in physiology. See Edin. Med. Journ., No. lxxxvii. p. 382. — Ed.

‡ De Cur. Hom. Morb. Epit., tom. v. p. 39. Mannh. 8vo. 1792.

GEN. III.

SPEC. IV.

Paruria,
mellita,

chemists of the first authority, who have concurrently ascertained that, whilst it is destitute of its proper animal salts, it is loaded with the new ingredient of saccharine matter. [Dr. Prout suspects, that the urine is albuminous before it becomes saccharine; and, as Dr. Marsh * observes, the determination of this fact would be of importance, with a view of enabling the practitioner to prevent the full developement of the disease.]

The last proved
by experiments
of Dobson and
Cruikshank.

Dr. Dobson from a pound of urine collected an ounce of saccharine substance: and Mr. Cruikshank, from thirty-six ounces troy, obtained, in like manner, by evaporation, not less than three ounces and a quarter: which, from the quantity discharged by the patient, would have amounted to not less than twenty-nine ounces every twenty-four hours. A patient, however, under Dr. Frank, but who was in the last stage of the disease, evacuated his urine in a much higher degree of concentration; while the general amount was not more than in a state of health; for from two pints the saccharine matter obtained weighed not less than six ounces.† Chevreul has shown that, by concentrating this morbid urine, and setting it aside, we may obtain a deposit of sugar in a crystallised state.‡

Frank.

Absence of
animal salts
proved by
Nicholas and
Gueudeville.

The absence of animal salts has been ascertained not less satisfactorily. MM. Nicholas and Gueudeville showed, by a series of experiments in 1802, that the saccharine urine contains no urea§, and no urid nor benzoic acid; that the phosphoric salts exist in a very small proportion; and that, in consequence of its sugar, it will enter into the vinous and acetous fermentation, and yield an alcohol of a disagreeable odour. || The same results have since been obtained by MM. Dupuytren and Thénard, by experiments

Later experi-
ments of Du-
puytren and
Thénard:

* See Dublin Hospital Reports, vol. iii. p. 461. Dr. Elliotson states, that he never had a patient labouring under diabetes, in whom the feeling of sexual power and desire had not ceased entirely, or become very much impaired. (Lectures at the Lond. Univ., as reported in Med. Gaz. for 1832-3, p. 727.) Very often there is redness and soreness of the end of the urethra. Dr. Elliotson has even seen phymosis, which may arise from the irritating quality of the fluid. — ED.

† De Cur. Hom. Morb. Epit., tom. v. p. 47. One patient, under Dr. Elliotson, made but three pints of urine in a day, a quantity less than what he drank; while Dr. Heberden mentions a case, in which the urine amounted to double the quantity of drink. See Med. Lectures delivered at Lond. Univ., as reported in Med. Gaz., 1832-3, p. 728. — ED.

‡ The saccharine matter of diabetic urine has hitherto been generally deemed to be similar to that of the grape; but, of late, M. Chevallier has found, that it is analogous to that of the sugar-cane. See Dict. de Méd. et de Chir. Pratiques, tom. vi. p. 249. — ED.

§ It has been supposed, says Dr. Elliotson, that the sugar is dependent upon the deficiency of urea; and urea and sugar are known to contain the same quantity of hydrogen exactly; but the quantity of carbon and oxygen in sugar is twice that in urea. It has therefore been supposed, that there is only a morbid change in the composition of the urine — that, instead of urea, you have sugar. However, it is contended by Dr. Elliotson, that this is not accurate, because he has seen a large quantity of sugar in the urine, where there was a considerable quantity of urea: still, he admits, that in proportion as the one is deficient, the other is frequently abundant. (Med. Lectures at the Lond. Univ., &c. op. cit.) Recent investigations made by M. Barruel, senior, tend to prove, indeed, that there is a certain quantity of urea in diabetic urine; while in some instances not a particle of uric acid could be detected, so that the chemical character of diabetic urine is considered by some experimenters as consisting rather in the absence of this acid, than of urea. See Dict. de Méd. et de Chir. Pratiques, tom. vi. pp. 249-250. — ED.

|| Recherches et Expériences, ut suprà citat.

still more satisfactory. They also found an albuminous substance in the urine, which is always discharged in a sensible form when the disease begins to take a favourable change, and is the constant harbinger of a return of the proper animal salts; for, after having appeared for a little while, it gradually diminishes and yields its place to the urea and uric acid. Dr. Henry appears, also, to have arrived at many of the same conclusions, though by a somewhat different process. *

Dissection has also been had recourse to for collateral information on this complicated malady: but its researches have been less successful than those of the chemists. The only organ, in which any morbid structure has been clearly ascertained, is the kidneys. Mr. Cruikshank affirms generally, that "the arteries of the kidneys are, on these occasions, preternaturally enlarged, particularly those of the cryptæ, or minute glands which secrete the urine." † And this state of inflammation or morbid activity is confirmed by Dr. Baillie in his "Account of a Case of Diabetes, with an Examination of the Appearances after Death ‡," in which he tells us that "the veins upon the surface were much fuller of blood than usual, putting on an arborescent appearance. When the substance of both kidneys was cut into, it was observed to be every where much more crowded with blood-vessels than in a natural state, so as, in some parts, to approach to the appearance of inflammation. Both kidneys had the same degree of firmness to the touch as when healthy: but, I think, were hardly so firm as kidneys usually are, the vessels of which are so much filled with blood. It is difficult to speak very accurately about nice differences in degrees of sensation, unless they can be brought into immediate comparison. A very small quantity of a whitish fluid, a good deal resembling pus, was squeezed out from one or two infundibula in both kidneys, but there was no appearance of ulceration in either." §

* Med. Chir. Transact., vol. x. See also Note sur le Diabète sucré, by MM. Vauquelin and Ségalas, in Magendie's Journ., tom. iv. p. 355., where the correctness of the results obtained from the analysis of diabetic urine by the above-mentioned French chemists, is illustrated by further examinations.—ED.

† On the Lacteals and Lymphatics, p. 69.

‡ Transactions of a Society for the Improvement of Medical and Chirurgical Knowledge, &c. In one case, published by Caventon, there were abscesses in the kidneys. See Dict. de Méd. et de Chir. Pratiques, tom. vi. p. 252.—ED.

§ In a dissection, the particulars of which are given in Magendie's Journ., tom. iv. p. 362., the whole body, and especially the lower extremities, were found anasarcaous, the kidneys denser, redder, and at least one third larger, than natural, but without any change of structure. The ureters were slightly dilated; the bladder very large; the renal capsules and stomach healthy; the mucous coat of the bowels manifestly inflamed, but free from ulceration; the liver large; both lungs tuberculated, and the left one much inflamed; with a quantity of bloody serum and coagulable lymph effused in the cavities of the pleura. M. Andral mentions the present disease as frequently presenting an instance of a glandular organ secreting profusely, without any change in its structure. He opened the bodies of four persons who died of diabetes. In only one of these individuals were the kidneys enlarged, and their vessels full of blood; in the other three, these organs had nothing particular in their appearance. (Anat. Pathol., tom. i. p. 345.) Hypertrophy is the change most commonly noticed in the kidneys of persons who die of diabetes. (Andral, Précis d'Anat. Pathol., tom. ii. p. 617.; and Dezeemeris, in Mém. de la Soc. d'Emulation, tom. ix.) In the dissections recorded in the last work, not only was the size of the kidneys much increased, but their tissue was gorged with blood, and of a dark red colour, besides being remarkably brittle.—ED.

GEN. III.

SPEC. IV.

Paruria
mellita.

of Henry.

Results of
dissection.

Morbid state of
kidneys, as
detected by
Cruikshank.

The same as
detected by
Baillie.

GEN. III.

SPEC. IV.

Paruria
mellita.Principal hy-
potheses, more
or less appeal-
ing to the pre-
ceding facts.

These premises, taken conjointly or separately, according to the light in which they may be viewed by different persons, open an abundant field for speculation concerning the nature of the malady: and hence, an infinity of hypotheses have been offered, of which the following are the chief:

I. The disease is dependent upon a morbid action of the stomach, or some of the chylofacient viscera, which necessarily, therefore, constitute its seat.

II. The disease is dependent upon a dyscrasy or intemperament of the blood, produced by a morbid action of the assimilating powers.

III. The disease is dependent upon a retrograde motion of the lacteals, and is consequently seated in the lacteal vessels.

IV. The disease is dependent upon a morbid condition of the kidneys, and seated in these organs.*

I. Hypothesis
of a morbid
action of the
stomach or
chylofacient
viscera.

Scope of the
argument.

Supported by
Mead:

and Rollo:

Objections.

I. The first of these hypotheses, though not the most ancient, has been by far the most commonly received, and is, perhaps, the most prevalent in the present day. It is derived from observing the increased action which exists in the stomach, and probably also in the collatitious viscera, in conjunction with the untempered fluid which is discharged by the kidneys, whose morbid crasis is referred to these organs. But even here there has been much difficulty in determining, which of the digestive viscera is principally in fault. Dr. Mead having remarked that the disease is frequently to be traced amongst those who have lived intemperately, and particularly who have indulged in an excess of spirits and other fermented liquors, ascribed it to the liver, and the idea was very generally received in his day. Dr. Rollo has since, and certainly with more plausibility, fixed the seat of the disease in the stomach, and confined it to this organ: conceiving it to consist "in an increased action and secretion with a vitiation of the gastric fluid, and probably too active a state of the lacteal absorbents; while the kidneys, and other parts of the system, as the head and skin, are only affected secondarily."

According to this hypothesis, the blood is formed imperfectly from the first, and the morbid change of animal salts for sugar is the work of the stomach or its auxiliary organs, which are immediately influenced by it. It is a strong, if not a fatal, objection to this view of the subject, that the blood, before it reaches the kidneys, is found, upon the most accurate experiments to which it has hitherto been submitted, "to contain the salts of the blood, but no trace whatever of sugar." The experiments I allude to are those of Dr. Wollaston and Dr. Marcet.† Prior experiments had, indeed, been made under the superintendence of Dr. Rollo, which induced those engaged in them to conjecture, that some small portion of sugar might exist in the blood; but these trials led to no definite conclusion, and did not satisfy the experimenters themselves. The results of Wollaston have since been confirmed

* To these hypotheses may be added that of Dr. Marsh (see Dublin Hospital Reports, vol. iii.), who ascribes the cause of diabetes to a morbid condition of the skin, and interruption of its functions. — ED.

† Phil. Trans., vol. ci. 1811, p. 96.

by other experiments of Nicholas, Sorg, Thénard, Bostock, and M.M. Vauquelin and Ségalas.*

II. The second hypothesis, or that which regards the disease as dependent upon a dyscrasy or intemperament of the blood, produced by a morbid action of the assimilating powers, is of parallel date with the preceding, and has had the successive support of many of the ablest and most distinguished pathologists from its origin to our own day. It was first started by Dr. Willis, and immediately followed his discovery of the saccharine property of diabetic urine. "Diabetes," he says, "is rather an immediate affection of the blood than of the kidneys, and thence derives its origin; for the mass of the blood becomes, so to speak, melted down, and is too copiously dissolved into a state of serosity: which is sufficiently manifest from the prodigious increase of the quantity of urine, which cannot arise from any other cause than from this solution and waste of blood." He admits, however, that the orifices of the kidneys are at this time peculiarly relaxed and patulous, in consequence of which the untempered fluid passes off with a greater ease and rapidity.

This hypothesis of Willis was readily embraced by his distinguished contemporary Sydenham, who fortified himself in the same by observing, that those who have long laboured under an intermittent, and have been unskilfully treated, and especially old persons, sometimes fall into a diabetes, from a crude or debilitated condition of the blood. And hence, he tells us in his letter to Dr. Brady, that "the curative indication must be completely directed towards invigorating and strengthening the blood, as well as restraining the preternatural flux of urine."

Thus advanced and advocated by two of the brightest luminaries that have ever enlightened the medical world, it cannot be a matter of surprise, that this opinion should have been extensively adopted. In truth, it was espoused on the Continent as well as at home, and, in 1784, gave birth to M. Place's able dissertation†: and continued to be the prevailing opinion till the appearance of Dr. Rollo's work, to which we have just adverted; and even since the appearance of this work, it has been still warmly and ably maintained by Dr. Latham, who, while he pays all the homage to Dr. Rollo's labours and abilities to which they are entitled, and scrupulously adopts the general principles of his practice, opposes his doctrine of a morbid condition of the stomach‡, which, as well as the kidneys§, he believes to be perfectly sound in its action. "I must take leave," says Dr. Latham, "to differ in opinion most materially from Dr. Rollo, who seems to consider this most enormous appetite as such an evil in diabetes, as to endeavour, by every possible means, to repress it, having founded his theory principally upon the idea, that on this action of the

GEN. III.

SPEC. IV.

Paruria
mellita.II. Hypothesis
of a dyscrasy
of the blood.Started by
Willis:supported by
Sydenham:and very gene-
rally adopted,abroad as well
as at home.Advocated by
Latham: who
differs from
Rollo in an
essential point
of pathology,
though he
accedes to his
practice
generally.

* See Magendie, *Journ. de Physiol. Expér.*, tom. iv. p. 355. Vauquelin found no sugar in the blood of a person, whose urine actually contained one seventh part of sugar; he could detect no urea in the blood of the same individual, though he gave him a large quantity by the mouth for several days. He also states, that an opposite occurrence was here manifested to what is seen in scurvy; namely, the blood did not putrefy so soon as that of a healthy subject. — ED.

† Diss. de verâ Diabetis causâ in defectû assimilationis quærenda. Goett. 1784.

‡ Facts and Observations, &c., p. 230.

§ Id., p. 110.

GEN. III.

SPEC. IV.

Pauria
mellita.II. Hypothesis
of a dyscrasy
of the blood.

The objections
to the preced-
ing hypothesis,
equally appli-
cable to the
present.

III. Hypo-
thesis of a re-
trograde mo-
tion of the
lymphatics.

Started by
C. Darwin.

Scope of
argument.

stomach depends the evolution of sugar, with the whole train of consequent symptoms: whereas, I consider the appetite, however great it may be, and which I would never check by medicines, as a natural sensation, calling into its full exercise that organ, through which the constant waste of the body must be directly supplied, and without which the patient must soon inevitably perish: and I look upon the more moderate appetite, which takes place usually in a few days after a strict conformity to animal diet, as the surest sign of convalescence, inasmuch as I hold it in proof, that the blood being thereby rendered firmer in its crasis, there is less disposition in it to be decomposed, and, consequently (as is the fact,) that there must soon be a diminished discharge of nutritious matter from the kidneys."

An opinion promulgated and maintained in succession by authorities so high, and names so deservedly dear to the HEALING ART, ought not to be lightly called in question: but it is as difficult to reconcile the present notion as the preceding with the existence of the ordinary salts and the non-existence of sugar in blood of diabetic patients. Dr. Latham, however, has argued the point with great and elaborate ingenuity, and has endeavoured to show, by a train of reasoning which is worthy of attention, that the sugar, in respect to its elements, may exist in the blood, though the substance itself be not discoverable in it, being "so weakly and loosely oxygenated as to be again readily evolved by the secretory action of the kidneys, not from any fault in the kidneys themselves, but from the regular and natural exercise of their function, in separating from the imperfect blood such matters as are not properly combined with it."*

III. A bold and plausible effort was made, between forty and fifty years ago, to get rid of the stumbling-block of the absence of sugar from the blood, by showing, that provided it were once formed by the digestive organs, there is no necessity for its travelling in this direction. This hypothesis was brought forward by that very acute and ingenious physiologist, Mr. Charles Darwin, in an essay presented to the Æsculapian Society of Edinburgh in 1778. In this essay, he endeavoured to account for the disease of saccharine urine by a retrograde motion of the lymphatics of the kidneys. Having endeavoured to establish the general principle of a retrograde lymphatic action, he proceeds to remark, that all the branches of the lymphatic system have a certain sympathy with each other, insomuch that when one branch is stimulated into any unusual motion, some other branch has its motions either increased, or decreased, or inverted, at the same time: thus, when a man drinks a moderate quantity of vinous spirit, the whole system acts with more energy by concert with the stomach and intestines, as is seen from the glow on the skin, and the increase of strength and activity: but when, says he, a greater quantity of this inebriating material is drunk, at the same time that the lacteals are quickened in their power of absorbing it, the urinary branches of the absorbents, which are connected with the lacteals by many anastomoses, have their motions inverted, and a large quantity of pale, unanimalised urine is hereby discharged. Where,

* Op.cit., p. 97.

continues Mr. Darwin, this ingurgitation of too much vinous spirit occurs often, the urinary branches of absorbents at length gain a habit of inverting their motions whenever the lacteals are much stimulated: and the whole or a greater part of the chyle is thus carried to the bladder without entering the circulation, and the body becomes emaciated: while the urine is necessarily sweet, and of the colour of whey. And on this account Mr. Darwin proposed to denominate the species before us a *chyliferous diabetes*.

This hypothesis, for, ingenious as it is, it has never been entitled to a higher character, became at one time also very popular, and was supported by the talents of the celebrated author of *Zoonomia*, the father of its ingenious inventor. A few singular facts, which have occurred since the decease of both these writers, seem at first sight to give it a little colourable support: such as the rapid passage of certain substances from the stomach to the bladder, apparently, according to the experiments of Dr. Wollaston and Dr. Marcet, without their taking the course of the circulation; and M. Magendie's experiments upon the lymphatic system, and the doctrine he has founded upon them. How much soever this speculation may have been caught up hastily by men of warm imagination, or those who are fond of novelty, the soberer physiologists have never been made converts to it. "In the diabetes," says Mr. Cruikshank, "it has been supposed, that the chyle flows retrograde from the thoracic duct into the lymphatics of the kidney, from them into the cryptæ, so into the tubuli uriniferi, thence into the infundibula, pelvis, ureter, and so into the bladder. This opinion is mere supposition, depending on no experiments. And, besides that all such opinions should be rejected, why should the chyle flow retrograde into the lymphatics of the kidney and not into the lacteals themselves? And why are not the feces fraught with a similar fluid as well as the urine? The arteries of the kidneys are, on these occasions, preternaturally enlarged, particularly those of the cryptæ, or minute glands which secrete the urine. And it is infinitely more probable, that the fluid of the diabetes arises from some remarkable change in the vessels usually secreting the urine, than from any imaginary retrograde motion of the chyle through the lymphatics of the kidneys."* Neither will this hypothesis account for the sweetness of urine in diabetes; for Dr. Baillie has sufficiently shown, that chyle itself has very little sweetness belonging to it at any time, and is totally incapable of supplying the large quantity of saccharine matter which diabetic urine evinces. Even Dr. Wollaston prefers a state of doubt, concerning the course pursued by the above-mentioned substances, to an adoption of this conjecture, notwithstanding the ready solution it offers to his experiments. "With respect," says he, "to Dr. Darwin's conception of a retrograde action of the absorbents, it is so strongly opposed by the known structure of that system of vessels, that I believe few persons will admit it to be in any degree probable."†

Professor Frank seems to have been equally struck with the plausibility of the hypothesis, and the objections to which it is

GEN. III.
SPEC. IV.

Paruria
mellita.
III. Hypothesis of a retrograde motion of the lymphatics.

Supported by the author of *Zoonomia*.

Incidental facts that give a colourable support.

Objections urged by Cruikshank.

Further objected to by Wollaston.

Frank's modification of the hypothesis.

* On the Lacteals and Lymphatics, p. 69.

† Phil. Trans., ut suprâ, 1811, p. 105.

GEN. III.

SPEC. IV.

Paruria
mellita.III. Hypo-
thesis of a re-
trograde mo-
tion of the
lymphatics.

The difficulties
hereby only
exchanged,
and the hypo-
thesis more
complicated.

IV. Hypothesis
of a primary
diseased state
of the kidneys.

Originated
with the Greek
writers: espe-
cially Galen:
and best con-
firmed by the
symptoms of
the disease and
the appearances
on dissection.

open. And hence, without abandoning it, he endeavours to mould it into a less objectionable form. He gives up the doctrine of a retrograde motion, but still conjectures, that the disease is seated in the lymphatic system generally, with which the urinary combines in excitement; and consists in a stimulation of both these systems by some specific virus, formed within, or introduced from without, and operating with a reverse effect to the virus of lyssa, or canine madness; so that, while the latter engenders a hydrophobia, or dread of liquids, this excites an inextinguishable desire of drinking; and he particularly alludes, in illustration, to the virus of the DIPSAS, or serpent of the ancients, which was proverbial for producing this effect; and hence, as we have already observed, gave rise to one of the names by which this disease was distinguished in earlier ages. He supposes that, from the irritability thus induced in the lymphatic system, every other part of the general frame is exhausted of its nutrition and healthy power; and that the fluids thus morbidly carried off are hurried forward, and especially that of the chyle, and of the cutaneous exhalents, to the kidneys, which concur in the same diseased action, and constitute the flow of urine, and especially of saccharine urine, by which the disease is peculiarly characterised.* But this is rather to make an exchange of difficulties, than to free the explanation from such impediments; and, in truth, to render the machinery still more complicated than under Mr. Charles Darwin's hands. Upon this view of the subject, the kidneys play merely an under-part, and are only secondarily affected; yet, admitting the real seat of the disease to be the lymphatics, why the urinary secernents should thus make common cause with them in the general strife in which they are engaged, rather than those of the intestines, the skin, or any other organ, we are not informed. Nor have we any lamp to explain to us the nature of the specific poison here adverted to; or the path, by which the chyle must travel to the kidneys, without passing through the general current of the blood.

IV. We come now to the fourth hypothesis to which the disease before us has given rise, and which places it primarily and idiospathically in the kidneys. These form, indeed, the most ostensible seat, and hence, as we have already seen, they were the first suspected, and were supposed by the Greek writers to be in a state of great relaxation and debility, and hence also of great irritability. To this irritability was ascribed their morbid activity, and the accumulation of blood with which they were overloaded: while their weakened and relaxed condition allowed the serous or more liquid parts of the blood to pass off through the patulous mouths of the excretories without restraint or change, and, consequently, in a crude and inelaborated form, like the food in a lientery.

Such was the explanation of Galen: and of all the hypotheses before us, there is no one that seems to be so fully confirmed, as well by the symptoms of the disease during its progress, as by the appearances it offers upon dissection. The anatomists have hence generally adopted this opinion, which is to be found in Bonet†,

* De Cur. Hom. Morb. Epit., tom. v. p. 54. Manuh. 8vo. 1792.

† Sepulchr., lib. III. sect. xxvi. obs. 1.

Ruysch*, and Cruikshank†; and in proof that it has of late been gaining additional ground among physicians and medical practitioners in general, as well on the Continent as in our own country, it may be sufficient to refer to the writings of Richter, the works of MM. Nicholas and Gueudeville, and MM. Dupuytren and Thénard, already quoted, and the communications of Mr. Watt, Dr. Henry, and, still more lately, of Dr. Satterley; several of whom, however, conceive the stomach, or some other chylofactive organ, to be affected at the same time secondarily or sympathetically. ‡

By far the greater number of these writers regard the irritation of the kidneys as connected with inflammation, though several of them ascribe it to a spasm. The latter seem to reason from the pain found occasionally in the region of the loins, and the limpidity and enormous quantity of the fluid that is discharged, which in their opinion is analogous to that evacuated in hysteria or hypochondria: such was the opinion of Camerarius upwards of a century ago §, and it is that of Richter and Gueudeville in our own day: “*La phthisurie*,” says the last, for under this name he describes saccharine urine, “*est une consommation entretenue per une deviation SPASMODIQUE et continuelle des sucs nutritifs non animalisés, sur l’organe urinaire.*” ||

There seems, after all, but little to support this doctrine, and yet it was adopted by Cullen, and that so completely as to induce him to arrange diabetes in his Class Neuroses, and Order Spasmi, immediately before hysteria and hydrophobia. His reason for doing so is contained in the following passage in his First Lines:—“As hardly any secretion can be increased without an increased action of the vessels concerned in it, and as *some* instances of this disease are attended with affections manifestly spasmodic, I have had no doubt of arranging the diabetes under the order of Spasmi.” ¶ A more unsatisfactory reason has perhaps never been offered, nor does the author himself seem satisfied with it, for we find him, shortly afterwards, not, indeed, like M. Gueudeville, uniting it with another cause to give it potency, but abandoning it for this auxiliary cause which seems to be adopted exclusively: for he adds, within a few aphorisms, “I think it probable that, *in most cases*, the proximate cause is some fault in the assimilatory powers, or those employed in converting alimentary matter into the proper animal fluids.” **

GEN. III.

SPEC. IV.

Paruria
mellita.IV. Hypo-
thesis of a
primary dis-
eased state of
the kidneys.Has hence been
daily gaining
ground in our
own country
and abroad.The morbid
state of the
kidneys mostly
regarded as in-
flammatory:
though by some
writers as
spasmodic:
among the last
are Camerarius,
Richter,
Gueudeville,
and Cullen.Hence diabetes
placed by
Cullen in his
Class Neuroses.His reason for
so doing.This reason un-
satisfactory;
and apparently
so to himself:
whence he as-
cribes the seat
of the disease
elsewhere to
the assimilating
powers.

* Observ. Anat. Chir., N. 13.

† On the Lacteals and Lymphatics, p. 69.

‡ Hypertrophy of the kidneys in diabetic cases is the alteration which dissections prove to be a more common change in them, than any other, as authenticated by Andral and Dezeimeris; yet it would be venturing too far to set down this state of the kidneys as essentially concerned in the production of diabetes, because certain cases are recorded, in which the kidneys do not appear to have been affected with hypertrophy. One such example is related by M. Demours (Journ. Universel des Sciences Méd., tom. xiv. p. 121. 1819.). And, as Dr. Bouillaud remarks, even if hypertrophy of the kidneys would account for the increased secretion of urine, it could not explain how the modifications in the chemical composition and in the quality of this fluid were produced. See Dict. de Méd. et de Chir. Prat. tom. vi. p. 253. — ED.

§ Diss. de Diabete Hypochondriacorum Periodico. Tub. 1696.

|| Recherches et Expériences Médicales, &c. 8vo. Paris, 1803.

¶ Pract. of Phys., Aph. MDIV.

** Id., Aph. MDXII.

GEN. III.

SPEC. IV.

Paruria
mellita.IV. Hypo-
thesis of a
primary dis-
eased state of
the kidneys.Whether any
other part idio-
pathically af-
fected in con-
junction with
the kidneys.Inordinate ex-
citement of the
kidneys, even
when second-
ary, capable of
increasing the
flow of urine.Analogy pur-
sued further
between sac-
charine urine
and dropsy.Hence all the
known symp-

But, admitting the kidneys to be in a morbid and highly irritable state, which is the oldest and apparently the best-supported doctrine upon the subject, and that this state is connected with an inflammatory action of a peculiar kind, what necessity is there for supposing an idiopathic affection of any other part, whether the stomach or the nerves, the chyli-facient or the assimilating powers? And why may not every other derangement, that marks the progress of the disease, be regarded as consequent upon the renal mischief? I ask the question with all the deference due to the distinguished authorities that have passed in review before us, the value of whose writings, and the extent of whose talents, no man is more sensible of than myself: but I ask it also, after having studiously attended to the nature of these derangements both in theory and in all the practice which has fallen to my own lot, and with a strong disposition to believe, that the whole can be traced and resolved into this single and original source, and consequently that diabetes is a far less complicated disease than has hitherto been imagined.

That an inordinate excitement of the kidneys is capable of augmenting the urinary secretion, whatever be the cause of such excitement, is obvious to every one who has attended to the stimulant effects of spirits drunk to excess, hysteria, and several other irregular actions of the nervous system, and the whole tribe of diuretics.

From a morbid irritation of the kidneys alone, we may, I think, satisfactorily account for the largest quantity of water that is ever discharged in the disease before us, and see with what peculiar force it was denominated by the Greeks HYDERUS (ὕδρεος), or water-flux, as also HYDROPS *matellæ*, or URINAL DROPSY.

This analogy will be still more obvious from our following up the common forms of dropsy to their ordinary consequences, and comparing them with the consequences of diabetes. As the watery parts of the blood in cellular or abdominal dropsy are drawn off with great rapidity and profusion to a single organ, every other organ becomes necessarily desiccated and exhausted; the skin is harsh and dry, the muscles lean and rigid, the blood-vessels collapsed, the bowels costive, and the adipose cells emptied of their oil. Every part of the system is faint, and languishes for a supply, and hence that intolerable thirst which oppresses the fauces and stomach, and urges them by an increased action to satisfy the general demand. This is a necessary effect of so profuse a depletion, be the cause what it may: and we have reason, therefore, to augur, à priori, that such an effect must follow in this form of the Greek HYDERUS, or water-flux. That it *does* follow we have already seen; and we are hence led almost insensibly to adopt, in its fullest latitude, the correct doctrine of Dr. Latham, that “the increased appetite in this last disease, however great it may be, is a natural sensation, calling into its full exercise that organ, through which the constant waste of the body must be directly supplied, and without which the patient must soon inevitably perish.”*

From a morbid excitement, then, a weak and irritable inflam-

* Practical Treatise, &c. i. p. 417.

mation, if I may be allowed the expression, of the kidneys alone, we are able to account, not only for all the local symptoms of an enormous flux of water, lumbar or hypochondriac pains, and occasionally fulness, and the post-obit appearances of distended or "preternaturally enlarged arteries," as observed by Mr. Cruikshank; "blood-vessels more crowded than in a natural state, so as in some parts to approach to the appearance of inflammation," as observed by Dr. Baillie; "ossified arteries," as observed by Mr. Gooch; and "a glutinous infarction of the parenchyma of the kidneys," as observed in other cases by Plenciz*; but also for all the constitutional symptoms of a dry, harsh, and heated skin†, general emaciation, and sense of exhaustion, depression of animal spirits, great thirst, and voracious appetite. In dropsy, indeed, the appetite is not uniformly voracious, nor is it always so in diabetes: but that inanition of almost every kind has a tendency to produce this symptom, where the tone of the stomach is not interfered with, or has re-established itself, is manifest from its occurring so commonly after severe fatigue, long fasting, protracted fevers, or any other exhausting state of body. And hence the very existence of the symptom in diabetes is a direct proof, that the action of the stomach, instead of being morbid, is perfectly sound, though inordinately excited. ‡

But, it may perhaps be said, the grand question still remains

* *Acta et Observationes Med.*, p. 153.

† As already remarked, however, it is observed by Dr. Marsh, that, in many of the cases, whose histories are recorded, the earliest disturbance in the general health could distinctly be traced to some cause acting upon the skin, and producing derangement of its functions. (See *Dublin Hospital Reports*, vol. iii. p. 432.) So Dr. Marsh's view of the pathology of diabetes, somewhat modified, had an advocate in the late Dr. Armstrong, who observes, "the kidneys have naturally been examined after death, and, in some instances, they have been found inflamed; but, in others, little or nothing morbid has been discovered; and from the peculiar state of the skin, stools, urine, &c. it is probable, that the affection of the kidneys is the ultimate result of disorder of the skin, of the mucous membranes of the stomach and intestines, and of the liver." (See *Armstrong on the Morbid Anatomy, Nature, and Treatment of Diseases*, p. 837.) Perhaps, of the pathology of diabetes, it is best at present to acknowledge our ignorance. This remark is applicable to several other theories which might be specified, as, for instance, to that of M. Dezeimeris (*Mém. de la Soc. d'Emulation*, tom. ix.), who, mistaking a mere coincidence for a true cause, maintains, that diabetes, or, what seems to him the same thing, irritation of the kidneys, is mostly only one of the consequences of gastritis. — ED.

‡ Relating to the question concerning the connection of diabetes with the digestive organs, some curious experiments are related by Dr. Krimer, of Halle. (See *Horn's Archivs*, 1819.) In some animals, he artificially produced diabetes by injecting into their stomachs diabetetic urine. He also observed the effects of certain kinds of food on the urine of animals. In his opinion, the experiments prove, that particular kinds of grain, viz. rye, ergoted rye, oats, and rice, diminish the activity of the nervous system, and especially of the par vagum, whereby the urine is rendered very dense. Its usual constituents, uric acid and urea, disappear, and their place is supplied by albumen and the colouring matter of the blood. The difference of effect of cane sugar and diabetetic sugar, when injected into the stomach, or the venous system, is also worthy of notice. Dr. Krimer infers, that the secretion of the urine partly depends upon the par vagum, and that a diminished action of this nerve produces an increased quantity of solid matter in the urine; and though not of sugar, at least of albumen, mucus, and red particles of the blood. He thinks it possible, that diabetes may depend upon a similar state of the par vagum. After all, however, this is ascribing the disease only to a peculiar action of the secernent vessels of the kidney; a fact of which there can be no doubt, in whatever way excited. — ED.

GEN. III.

SPEC. IV.

Paruria
mellita.

IV. Hypo-
thesis of a
primary dis-
eased state of
the kidneys.

toms of saccha-
rine urine may
arise from a
morbid excite-
ment of the
kidneys alone.

The assertion
of a fused or
dissolved state
of the blood
examined.

GEN. III.

SPEC. IV.

Paruria
mellita.IV. Hypo-
thesis of a
primary dis-
eased state of
the kidneys.Does such a
state exist?Facts illustra-
tive of the
contrary.

untouched. How are we to account for that crude, fused, or dissolved state of the blood, which appears so conspicuously in diabetes, and which reduces it from an animalised to a vegetable crisis? Now, upon this point, let us fairly put to ourselves this previous question:—Does such a state of the blood appear at all? and is it in fact reduced or changed in any respect from its animalised character antecedently to its arrival at the morbid organ of the kidneys? So far as we have been able to obtain information from chemical experiments, the blood of a diabetic patient continues in full possession of its animalised qualities, and evinces no approach towards those of vegetable fluids: and, so far as we can judge from its being drawn from the arm during life, instead of evincing a thin, dissolved, and colourless state, it discovers that very condition which we should anticipate as a natural consequence of a very copious abstraction of its serous or more liquid principles. For we are told, without a dissentient voice, by those who have drawn blood freely and repeatedly during the disease, that it has the general appearance of treacle; is thicker than natural from the drain of its finer parts, and darker from a closer approximation of its red corpuscles, little capable of coagulability from its loss of coagulable lymph, and hence not separating by rest into a proper serum and crassamentum. And we are told farther, that wherever venesection has been serviceable, and the renal flux has diminished, the blood instantly assumes a greater disposition to coagulate, and loses the darkness of its hue.*

How far the
present morbid
excitement of
the kidneys may
be sufficient to
produce the
chemical
change that
takes place in
the urine.

The difficulty
not lessened by
transferring
this action to
the assimilating
powers.

The subject
explained
generally.

Sugar produced
by most organs
under particu-
lar circum-
stances both of
health and
disease:

The chief reason, after all, for supposing that this change from an animalised to a vegetable, or rather from an uric to an oxalic character, takes place in the blood itself, is from the difficulty of conceiving how it can take place in the kidneys: the difficulty of explaining how an organ, whose common function is to discern alkalies, and an acid strictly animal, should be brought to discern an acid directly vegetable. But, in the first place, is the difficulty one which is diminished by transferring this wonderful change of action to the assimilating powers, or to the stomach, or to any other organ? For let us lay the fault where we will, we are still involved in the dilemma of supposing, that an animal structure, whose healthy function consists in the formation of ammonia, has its action so perverted by the disease before us, as to produce sugar in its stead. And hence, by enlisting the assimilating powers into service upon the present occasion, we only gain two levers instead of one. We place the globe upon the elephant, instead of upon the tortoise, but we have still to enquire what it is that supports the latter?

There are, however, if I mistake not, various pathological and physiological facts perpetually occurring before our eyes, which, if properly applied, may at least reconcile us to this supposed anomaly, if they do not explain its nature: a very few of which I will briefly advert to.

We see a tendency in most animal organs to produce sugar under particular circumstances, whatever be the character of their ordinary secretion; and this both in cases of health, where we have no ground for supposing an imperfectly animalised fluid;

* MM. Vauquelin and Ségalas have recently analysed the blood and saliva of diabetic patients, without finding the least particle of sugar in them. See Magendie's *Journ. de Physiologie Expér.*, tom. iv. p. 355. — Ed.

and in cases of disease, where such a change may perhaps be contended for and supported: and we see this also, and equally, under an animal and under a vegetable diet; in some instances, indeed, most so where the former predominates. No one, if he did not know the fact, would predict that the breast of a healthy woman, which forms no sugar at any other time, would become a saccharine fountain immediately after childbirth; and still less so that an animal diet, or a mixed diet of animal and vegetable food, would produce a larger abundance than a vegetable diet alone: and least of all, that woman's milk produced by animal food would yield more sugar in a given quantity than ass's, goat's, sheep's, or cow's; and less caseous matter than any of these quadrupeds*, though this last is the only matter of a strictly animalised quality which milk of any kind contains.

This, however, is a natural process. Yet, under the action of a morbid influence, sugar is often produced in other organs, while what should be sugar in the mammæ is changed to some other substance. Under the genus *Ptyalismus*, we have observed, that the saliva is sometimes so impregnated with a saccharine principle as to acquire the name of *P. mellitus*†: it is indeed by some authors represented as having the sweetness of honey. Pus, under various circumstances, evinces a sweetish taste, and hence the occasional sweetness of the sputum in consumptive patients. So in fevers of various kinds, as we have already had several occasions to observe, and particularly in hectic fever, the sweat throws forth a vapour strongly impregnated with acetous acid.

It is unnecessary to pursue these illustrations any further. Candidly reflected upon, they cannot fail, I think, to diminish, in a considerable degree, the repugnance, which the mind at first feels in admitting a secretion of sugar by an organ, whose common function is so inaccordant with such a production: and consequently they co-operate in leading us to the conclusion, which it has been the design of these remarks to arrive at, that *paruria mellita*, or diabetes, is a disease seated in the kidneys alone, and dependent upon a peculiar irritability or inflammation of the renal organ.‡

With regard to the predisposing or occasional causes of this disease, however, we are still involved in considerable darkness; with

GEN. III.

SPEC. IV.

Paruria mellita.

IV. Hypothesis of a primary diseased state of the kidneys.

as also under an animal or vegetable diet.

The female breast in a state of health produces more

sugar under an animal than a vegetable diet, and more in

proportion than most quadrupeds: while it yields less caseous or animalised matter.

Sugar produced by the salivary glands and lungs, when in a morbid state.

Hence the difficulty diminished in conceiving that the kidneys may in a morbid state secrete sugar.

General result of the enquiry.

* Expériences des MM. Stipriaan, Liviscus, et D. Bondt, in Mém. de la Société de Méd. à Paris, 1788.

† Vol. i. p. 75. In diabetes, or paruria mellita, MM. Vauquelin and Ségalas, who carefully analysed the saliva, as already observed, found no saccharine matter in it. See Magendie's Journ., tom. iv. — ED.

‡ On the pathology of diabetes, Dr. Elliotson delivers the following opinions:—“As to the real nature of the disease, some declare it is situated in the kidney, others that it is situated in the stomach. Now, many of the symptoms are as easily explained on one supposition as on the other. Many of them are referrible altogether to the discharge of fluid. The thirst and the dryness of the skin are evidently referrible to the loss of fluid. So, again, the costiveness, the emaciation, the hunger, the debility, the sensation of sinking at the stomach, are all referrible to the mere loss of so much substance as must be lost in the production of sugar. But the absence of sugar in the blood, and the very frequent absence of dyspepsia, or any thing connected with the stomach, except the hunger (which the excessive loss will explain), make it appear to me most probable, that the disease is situated in the kidney.” See Med. Lectures delivered at the Lond. Univ., as reported in Med. Gaz. 1832-3, p. 730. — ED.

GEN. III.

SPEC. IV.

Paruria
mellita.

IV. Hypo-
thesis of a
primary dis-
eased state of
the kidneys.

Predisponent
and occasional
causes.

Whatever de-
bilitates the
system becomes
a predisponent,
and only re-
quires an ex-
citing cause.

Old age : a
broken consti-
tution : in-
temperance :
a diseased liver :
diseased lungs :
atonic gout :
chronic car-
buncles, or
other ill-con-
ditioned sores.

The last parti-
cularly pointed
out to the au-
thor by Latham
in a passage
from Cheselden.

Confirmed by
his own prac-
tice.

Whether the
proximate cause
be a change in
the animal
electricity ;

the exception, that whatever debilitates the system seems at times to become a predisponent, and only requires some peculiar local excitement to give birth to the disease, without which it is in vain to expect that it should take place. Hence it occurs to us, in some instances, as a consequence of old age ; in others, of a constitution broken down by intemperance or other illicit gratifications ; in others, again, of a diseased liver, diseased lungs *, or atonic gout, and particularly of chronic carbuncles, or ill-conditioned sores approaching to their nature, and showing like themselves a considerable degree of constitutional debility.

I am greatly obliged to Dr. Latham for calling my attention to this last fact while drawing up the present history of the disease, and for referring me, in support of his own opinion upon this subject, to the following passage in Cheselden : " There is sometimes a large kind of boil or carbuncle in this membrane, which first makes a large slough and a number of small holes through the skin, which in time mortifies and casts off ; but the longer the slough is suffered to remain, the more it discharges, and the more advantage to the patient : at the latter end of which case the matter has a bloody tincture, and a bilious smell, exactly like what comes from ulcers in the liver ; and both these cases are attended with SWEET URINE as in DIABETES." †

In concurrence with this remark of Cheselden, Dr. Latham informs me in a letter as follows : " I have a patient at this moment, whose diabetes was first observed after a long confinement from carbuncle : he is upwards of seventy, and is moreover afflicted with a mucous discharge from the internal coats of the bladder." Not dissimilar to which, is the following case, which is well worthy of notice, and occurs among the earliest, in Dr. Latham's treatise on this disease. " About the year 1789, there was a most remarkable case of diabetes in St. Bartholomew's Hospital, under the immediate care of the late greatly to be lamented Dr. David Pitcairn. The patient's history of himself was this : that a rat had bitten him between the finger and thumb, that his arm had swelled violently, and that boils and abscesses had formed, not only in that arm, but in other parts of the body : that his health from that time had decayed, and emaciation followed. His urine had then the true diabetic character both in quantity and quality : the saccharine part was in very great proportion, constantly oozing through the common earthen pot over the glazing, and affording an infinity of pure saccharine crystals, adhering like hoar-frost to the outside of the utensil, and which were collected by myself and by every medical pupil daily, in great abundance." ‡

How far the grand agent in this change of renal action, admitting the disease to be seated in the kidneys, is to be ascribed to a change in the quality or intensity of the nervous power transmitted

* See Case in Latham's Tracts, &c. p. 142., as also the remarks already quoted from Dr. Bardsley. The majority of patients, whom Dr. Elliotson has attended for diabetes, have died of phthisis, which is a very common termination of the complaint. See Lectures delivered at Lond. Univ., as reported in Med. Gaz. for 1832-3, p. 728. — ED.

† Anatomy, 8vo. p. 139.

‡ Facts and Opinions, p. 134.

to it, or, as the chemists call it, in the state of the animal electricity of the organ, to which power Dr. Wollaston has referred the production and distinction of all the secretions, I am not prepared to say : but the subject ought not to be concluded without noticing this conjecture, which at the same time imports, on the part of those who hold it, an admission of the general principles of the disease which I have endeavoured to support. " Since," says Dr. Wollaston, " we have become acquainted with the surprising chemical effects of the lowest states of electricity, I have been inclined to hope, that we might from that source derive some explanation of such phænomena. But, though I have referred secretion in general to the agency of the electric power with which the nerves appear to be endued, and am thereby *reconciled to the secretion of acid urine from blood that is known to be alkaline*, which, before that time, seemed highly paradoxical, and although the transfer of the prussiate of potash, of sugar, or of other substances, may equally be effected by the same power as acting cause, still the channel through which they are conveyed remains to be discovered by direct experiment." *

Whilst such is the diversity of opinions which have been held, concerning the pathology of honeyed paruria, it cannot be a matter of much surprise, that the proposed plans of treatment should also exhibit a very great discrepancy.

On a first glance, indeed, and without keeping the grounds of these distinct opinions in view, nothing can be more discordant or chaotic, than the remedial processes proposed by different individuals. Tonics, cardiacs, astringents, and the fullest indulgence of the voracious appetite in meals of animal food, with a total prohibition of vegetable nutriment on the one side; and emetics, diaphoretics, and venesections to deliquium, and again and again repeated, on the other : while opium in large doses takes a middle stand, as though equally offering a truce to the patient and the practitioner.

It is easy, however, to redeem the therapeusia of the present day from the charge of inconsistency and confusion, to which at first sight it may possibly lie open. Different views of the disease have led to different intentions : but so long as these intentions have been clearly adhered to, how much soever they may vary in their respective courses, they are free from the imputation of absurdity. These intentions have been chiefly the following : —

I. To invigorate the debilitated organs, whether local or general, and to give firmness and coagulability to the blood.

This was the object of all the Greek physicians, and it regulated the practice to a very late period in the history of the disease. " The vital intention," says Dr. Willis, " is performed by an incrassating and moderately cooling diet ; by refreshing cordials, and by proper and seasonable hypnotics." Hence agglutinants of all kinds were called into use, as tragacanth, gum arabic, and the albumen of eggs ; and these were united with astringents, as rhubarb, cinnamon, and lime-water, with or without an anodyne draught at evening as might be thought prudent. Sydenham

GEN. III.

SPEC. IV.

Paruria mellita.

IV. Hypothesis of a primary diseased state of the kidneys.

as conjectured by Wollaston.

Great diversity in the proposed plans of medical treatment.

At first sight most confused :

but redeemable from this charge when closely examined : different views having led to different intentions.

Treatment.

I. To invigorate the different organs, and consolidate the blood.

The object of the Greeks, and pursued to a late period : Willis :

Sydenham.

* Phil. Trans., 1811, p. 105.

GEN. III.

SPEC. IV.

Paruria
mellita.

Treatment.

I. To invigorate the different organs, and consolidate the blood.

Medicines chiefly employed.

carried the tonic and cardiac part of this plan considerably further than Willis: for while the latter chiefly limited his patients to milk or a farinaceous diet, the former allowed them an animal diet, with a vinous beverage. "Let the patient," says he, "eat food of easy digestion, such as veal, mutton, and the like, and abstain from all sorts, of fruit and garden-stuff, and at all his meals drink Spanish wine."

This plan continued in force, with little variation, except as to the proportionate allowance of animal and vegetable food, till within the last thirty years; the chief tonic medicines being the warm gums, or resins, astringents and bitters. Alum and alum-whey appear to have been in particular estimation with most practitioners. They were especially recommended by Dr. Dover and Dr. Brocklesby in our own country, and by Dr. Herz * on the Continent. Dr. Brisbane, and Dr. Oostendyk †, on the contrary, assert, that in their hands they were of no use whatever. Sir Clifton Wintringham applied alum dissolved in vinegar, as a lotion to the loins. The other astringents that have been chiefly had recourse to are lime-water, as noticed already, chalybeate waters, kino and catechu in tincture, powder, and decoction; none of which, however, seem to have been eminently serviceable; while cantharides as a local astringent has been exposed to a very extensive range of experiment both at home and abroad. Dr. Morgan gave it in the tincture, Dr. Herz in the form of powder, and both esteemed it salutary. Dr. Brisbane tried it in the first of these ways, giving from twenty to thirty drops twice a day: but appears to have been as dissatisfied with cantharides as with alum, and declares that all astringents are hurtful, as Amatus Lusitanus ‡ asserted long before that they are of no use.

Feeble remedial process of Frank.

The practice of Professor Frank seems to have been as feeble as his hypothesis. Though he notices the above remedies, together with various others, he seems to place more dependence upon a blister applied to the os sacrum, or the internal use of assafœtida, valerian, and myrrh, than upon any other course of medicine whatever: telling us, towards the close of his chapter, that a pupil of his employed the vesicating plaster as above with a happier success than any other plan, and hereby succeeded in restoring two diabetic patients to former health; while, for himself, in true diabetes mellitus, after alum, tincture of cantharides, Dover's powder with camphor, decoction of bark with simarouba, and myrrh with sulphate of iron (sal martis) had completely failed, he obtained a manifest decrease of urine by assafœtida, with valerian and a watery infusion of myrrh: and at length, by the aid of cuprum ammoniacale, given twice a day in doses of from half a grain to a grain, acquired for his patient a restoration to perfect health, which he confirmed by a generous diet.

II. To add to the deficient animal salts, and resist the secretion of sugar.

II. A second intention of pathologists in the present disease has been that of adding to the deficient animal salts, and resisting the secretion of sugar, by confining the patient to a course of diet and medicines calculated to yield the former, and to counteract the latter. §

* Sell, Neue Beiträge, i. 124.

† Samml. auserl. Abhandl. für Pract. aerzte, b. i. 179.

‡ Cent. v. cur. 33.

§ As the sugar of diabetic urine is, as the French express themselves, not

This intention may have been indirectly acted upon by some part of the process we have just noticed, and particularly by the dietetic plan of Sydenham: but it is to Dr. Rollo that the medical world is immediately indebted for its full illustration, and the means of carrying it directly into effect, which consists in enforcing upon the patient an entire abstinence from every species of vegetable matter, and consequently limiting him to a diet of animal food alone: some form of hepatised ammonia being employed as an auxiliary in the mean time. Narcotics, as under the preceding intention, are also occasionally prescribed by Dr. Rollo: and, in accordance with his doctrine, that the stomach is the chief seat of morbid action, and that the thirst and voracity are indications of such action, the aid of an emetic is occasionally called in to allay the high-wrought excitement.

From this last part of Dr. Rollo's curative method Dr. Latham appears to dissent upon the ground, and in the present author's opinion a correct ground, that the increased action of the stomach proceeds from a sound instead of from a morbid appetency: but to the injunction of an exclusive use of animal food, and a total abstinence from fermented and fermentable liquors, he accedes, with a full conviction of its importance, and without permitting the smallest deviation.* And as Dr. Rollo, with a view of completing the intention of supplying the readiest means for a recruit of the deficient animal salts, prescribed hepatised ammonia as an auxiliary, Dr. Latham, for the same purpose, prescribes phosphoric acid, having observed in various cases of the disease an evident deficiency in the supply of phosphate of lime.

[On the chemical principle of introducing into the system the substances observed to be deficient in diabetic urine, M. Rochoux proposed the trial of urea itself, as a remedy for diabetes. For several days it was given to a patient, whose urine was most carefully analysed during the continuance of the plan, in order to ascertain whether any of the urea, taken into the stomach, found its way into the urine. None, however, could be detected; but the quantity of urine secreted was increased.† It seems, then, as if the plan of communicating to the urine its natural qualities,

GEN. III.

SPEC. IV.

Paruria

mellita.

Treatment.

II. To add to the deficient animal salts, and resist the secretion of sugar.

Indirectly pursued by a part of the preceding plan: but only perfected by Rollo: outline of his practice.

Checking the vigorous desire of the stomach for food opposed by Latham; the rest of Rollo's plan acceded to.

Phosphoric acid recommended.

Urea.

azotized, it was conceived, that its formation might be prevented by restricting the patient to a diet of substances abounding in azote, as animal food in general, and greasy articles. Nicolas and Gueudeville, and afterwards MM. Dupuytren and Thenard, attested the usefulness of this practice, which, as the text explains, was first proposed by Dr. Rollo. — ED.

* As a remedy for saccharine urine, however, Dr. Prout has little reliance on a diet exclusively animal. According to his experience, it lessens the quantity and deepens the colour of the urine, and thus disguises the saccharine matter; but, as far as he has been able to ascertain, it does not diminish the specific gravity of the secretion. Other writers, however, besides Rollo, assert that the disease has been suspended, or materially benefited, by an animal diet. (See Edin. Med. Journ., No. lxxxvii. p. 337.; Magendie's Journ., tom. iv. p. 361. &c.) An exclusively animal diet, Dr. Marsh admits, may alter the sensible properties of the urine, and materially diminish its quantity, but he says, that it will effect little towards the removal of the disease. (See *Dubl. Hospital Reports*, vol. iii. p. 431). — ED.

† MM. Vauquelin and Ségalas, in *Magendie's Journ. de Physiol.*, tom. iv. pp. 356—358. Paris, 1825.

GEN. III.

SPEC. IV.

Paruria
mellita.

Treatment.

III. To cut
short the in-
flammatory
state of the
kidneys by
copious and
repeated vene-
sections.Early acted
upon by Le
Fevre.Revived by
Watt.Supported by
Satterley.Not found so
successful by
others.

by exhibiting phosphoric acid, hepatised ammonia, and urea, on chemical principles, offers no prospect of any essential benefit.]

III. Some of the indications of the disease, however, have given rise to a much bolder intention. We have already seen that, from a few of its symptoms, and the appearances discoverable on dissection, there is reason to apprehend an irritable and inflammatory state of the kidneys: and it has hence been attempted to cut short the complaint, and, so to speak, to strangle this condition at its birth, by copious and repeated bleedings. Le Fevre appears to have adopted and acted upon this principle almost as early as the beginning of the preceding century*; but he does not seem to have obtained any considerable number of converts to his opinion; and it is to Dr. Watt of Glasgow, that we are principally indebted for whatever advantages may have resulted from this mode of practice in our own day; and particularly for trusting to it mainly or exclusively, and carrying it to a very formidable extent. The plan, pursued by Dr. Watt, has since been pursued by Dr. Satterley, and the success obtained by the former has apparently been more than equalled by the latter, in the course of various trials.†

[With regard to venesection, it is to be regretted, that similar success has not been obtained by other practitioners. Dr. Prout says, that no advantage is derived from bleeding, except in the acute stage of diabetes; and even in that, a critical writer assures us, that his experience does not confirm the expectations raised by the reports of Dr. Watt.‡ Whether venesection, however, is particularly dangerous in diabetic habits, on account of the tendency of a wound in them to produce diffuse inflammation, may be questioned. It deserves notice, at the same time, that Dr. Prout inclines to this belief, and that two cases of diffuse inflammation from this cause, in diabetic subjects, are reported by Dr. Duncan, jun.]

In Dr. Satterley's case, there was the local symptom of great pain in the loins, which in the first is described as having been "always severe, but at times excessively acute." Here also the testicles were occasionally retracted; and, in one of two female cases, there was a distressing itching in the pudendum: so that there is reason to conclude that these instances were accompanied with a more than ordinary degree of irritability or inflammation.§ "This," says Dr. Satterley, "is the extent of my experience respecting bleeding in diabetes: an experience that fully warrants

* Opera, p. 134. Verunt. 1737, 4to.

† See Med. Trans., vol. v. art. i.

‡ Edin. Med. Journ., No. lxxxvii. p. 337. When the disease is recent, and the strength not too far exhausted, Dr. Marsh approves of bleeding; but his principal reliance is on diaphoretics, especially the vapour or tepid bath, and the pulv. ipecac. comp. aided by purgatives, leeches to the epigastrium, &c. (Dubl. Hospital Reports, vol. iii.) Dr. Barry combines an animal diet with the vapour bath, and occasional topical bleeding, and has recorded an example of the success of such treatment. See Lancet, No. ccxxviii. p. 926. — Ed.

§ Dr. Ayre, whose pathological opinions lead him to refer diabetes to a local disease of the kidneys, puts great faith in the efficacy of cupping on the loins, a practice, also, of which Dr. Baillie has spoken favourably, as we shall presently find. — Ed.

my asserting the safety, and I think the efficacy, of the practice, *in some species* of this complaint."

IV. It has, however, been thought possible by other practitioners, to subdue the irritation, whether local or general, and which is often strikingly conspicuous, by powerful narcotics repeated in quick succession; and thus to obtain a cure without that increase of debility which, in many cases, must necessarily ensue upon an active plan of depletion — and this has constituted a fourth intention.

Anodynes, though of no great potency, were occasionally administered by Willis and Sydenham: and their benefit was expressly insisted upon by Buckwald.* The ordinary form has been that of Dover's powder, thus aiming at a diaphoretic as well as a sedative effect: and, in this form, it has sometimes been found successful, particularly in a case published by Dr. M'Cormick†, and more lately by Dr. Marsh of Dublin‡; but I am not aware that narcotics alone have been relied upon, or their effects completely ascertained before the late experiments of Dr. P. Warren, an interesting statement of which he has communicated in the same work that contains Dr. Satterley's practice in venesection.§ These experiments embrace the progress of two cases that occurred under Dr. Warren's care in St. George's Hospital. In the first he directed his attention, like Dr. M'Cormick, to opium, in conjunction with some relaxant; and hence made choice of the compound powder of ipecacuan. So far as the present cases go, however, they prove very satisfactorily, that whatever benefit is derivable from the use of this valuable medicine, depends far more upon its sedative, than its sudorific power.|| Dr. Warren, indeed, seems rather to have found the latter a clog upon his exertions, as he could not carry the opium far enough to produce a permanent effect, on account of the nausea or vomiting occasioned by the ipecacuan, from which symptoms no benefit whatever appeared to be derived. In his first case, therefore, he soon trusted to opium alone, and persevered in the same practice through the second.¶

These patients also were in the prime or middle of life; the one aged twenty-two, the other thirty-eight; and both had been declining for some months antecedently to their applying to St. George's Hospital for relief. The first seems to have been worn down by the fatigue of journeying, and was considerably disordered before the attack of diabetes, in his stomach and bowels.

* Dissert. de Diabetis Curatione, &c.

† Edin. Med. Comment., vol. ix. art. ii. p. 56.

‡ Dublin Hospital Reports, vol. iii. 8vo. 1822.

§ Vide *suprà*.

|| On the contrary, Dr. Marsh, from the consideration of various facts, arrives at the conclusion, that interruption of the cutaneous functions has a great share in the production of the disease, and that opium acts beneficially by its sudorific qualities. — *Ed.*

¶ Opium increases the lithic acid and urea, and lessens the sugar. Dr. Elliotson, once finding a man dying of diabetes, gave him opium so freely, that it induced stupor and some degree of delirium; and, in the course of sixty hours, the quantity of urine was reduced from eight pints to two in the twenty-four hours; and from being very heavy, it lost the greater part of its morbid specific gravity, and absolutely the whole of the sugar; indeed, urea was produced in excess — the urine contained more urea than it ought to do in health. See Lectures delivered at Lond. Univ., as reported in *Med. Gaz.* 1832-3, p. 731. — *Ed.*

GEN. III.

SPEC. IV.

Paruria

mellita.

Treatment.

IV. To subdue the irritation by a quick repetition of powerful narcotics.

This plan also partially pursued by Willis and Sydenham.

Tried in conjunction with diaphoretics by M'Cormick.

Tried simply and most powerfully by Warren.

Summary of his experiments.

Ipecacuan in union with opium, a clog upon the latter.

GEN. III.

SPEC. IV.

Paruria
mellita.

Treatment.

IV. To subdue
the irritation by
a quick repe-
tition of power-
ful narcotics.Animal diet
seems in this
case to have
been of use :
but the con-
trary con-
cluded by
Warren.General result
of the inves-
tigation in
respect to
treatment.

When received into the hospital, however, with this last complaint upon him, he had a considerable pain in his back and loins. Of the origin of the second case, no account is given. To ascertain whether an animal diet would succeed by itself, or whether it be of any collateral advantage, the patients were sometimes restricted to animal food alone, to opium alone, and to opium with a mixed diet of animal and vegetable food. It appears to me, from the tables, that the animal regimen was of advantage, but certainly not alone capable of effecting a cure; for, in every instance, the quantity of urine increased and became sweeter, whatever the diet employed, as soon as the opium was diminished. Dr. Warren, however, is inclined to think, that it was of no avail whatever; and consequently, the second patient had no restriction upon his food, whether animal or vegetable. The quantity of opium given was considerable. When Dover's powder was employed, it was gradually increased from a scruple to a drachm twice a day. And when opium was employed alone, or with kino, with which it was for a short time mixed, but without any perceptible advantage, it was augmented from four grains to six grains and a half twice a day in one patient: and to five grains four times a day in the other. It is singular, that the opium seldom produced constipation. Few other medicines were employed.*

The sum of the whole appears to be, that *paruria mellita* attacks persons of very different ages, constitutions, and habits, and hence, in different cases, demands a different mode of treatment: and that the morbid action is seated in the kidneys; with the irritable, and often inflammatory, state of which all the parts of the system more or less sympathise. It appears that, under a diet of animal food strictly adhered to, the tendency to an excessive secretion, and particularly to a secretion of saccharine matter, is much less than under any other kind of regimen, though, from idiosyncrasy or some other cause, this rule occasionally admits of exceptions.† It appears also that the irritation is in some instances capable of being allayed, and at length completely subdued, by a perseverance in copious doses of opium, and in others by a free use of the lancet, leading more rapidly to a like effect. As the irritability of the affected organ is connected with debility and relaxation, tonics are frequently found serviceable, and particularly the astringents; those mostly so, that are conveyed to the kidneys with the least degree of decomposition. And hence the advantage that has been so often found to result from a use of lime-water, alum-whey, and many of the mineral springs. The mineral acids are, on this account, a medicine of very great importance, and in some instances have been found to effect a cure alone; of which Mr. Earnest has given a

* Med. Trans., vol. iv. art. xvi. p. 188. Dr. Sharkey has published two cases, in which a cure was effected by the exhibition of phosphate of soda. He was induced to try this medicine, on account of its effect in diminishing the quantity of urine. (See Trans. of Assoc. Physic. Ireland, vol. iv. p. 379.) The dose given at first was an ounce, and it was afterwards diminished to a drachm thrice a day. The rigorous animal diet, recommended by Rollo, was found unnecessary.—ED.

† We have seen, however, that Dr. Prout's investigations lead him to believe, that an animal diet does not lessen the saccharine secretion, but only conceals the sugar, by rendering the colour of the urine deeper, and its consistence thicker.—ED.

striking proof in a professional journal of reputation.* Their sedative virtue is nearly equal to their tonic, and they surpass every other remedy in their power of quenching the distressing symptom of intolerable thirst. Cinchona and various other bitters have been tried, but have rarely proved successful. Some benefit has occasionally been derived from irritants applied to the loins, and especially from caustics; but these have also failed. The colchicum autumnale, since its revival, has been had recourse to by several practitioners; and, in some cases, apparently with far more success than opium.

How advantageous soever the plan of sanguineous depletion may be found occasionally, it is clear that it cannot be had recourse to generally; for the present disease is, for the most part, though by no means always, a result of advanced years and of a debilitated constitution. Under such circumstances, indeed, it has uniformly occurred to the present writer, in the few instances he has been called upon to superintend it, in which, while the thirst was intense, the appetite by no means kept pace with it, and was sometimes found to fail completely. When, on the contrary, the constitution does not seem seriously affected, and the soundness and, indeed, vigour of the stomach and collatitious viscera are sufficiently proved by the perpetual desire of food to supply the waste that is taking place, a free use of the lancet may probably be allowed, as offering what may be called a royal road to the object of our wishes: but the practice should, I think, be limited to this state of the animal frame; since, while this favourable condition of the digestive organs remains, whatever be the prostration of strength induced by the lancet, it will soon be recovered from.

By what means an animal diet effects the beneficial change ascribed by some writers to its use, has never, that I know of, been distinctly pointed out: but there is a fact of a very singular kind that has lately been discovered in animal chemistry, which is, I think, capable of throwing a considerable light upon the subject. In healthy urine, the predominant principle is that of uric acid; in diabetic, that of saccharine or oxalic. The uric acid, indeed, exists so largely in sound urine as to be always in excess, as we shall have occasion to observe under LITHIA or URINARY CALCULUS. It is not only a strictly animal acid, but, till of late years, was supposed to exist in no other urine than that of man; though it has since been found, but in a smaller proportion, in the urine of various other animals. Whatever then has a tendency to reverse the nature of the acid secretion in the disease before us, to produce uric instead of oxalic acid, and in this respect to restore to the urine its natural principle, must go far towards a cure of the disease, as well by taking off from the kidneys a source of irritation, and hereby diminishing the quantity of the secretion, as by contributing to the soundness of the urine itself. Now the physiological fact I refer to is, that animal food has a direct tendency to induce this effect: for Dr. Wollaston has satisfactorily ascertained, that a greater quantity of uric acid is produced in the dung of birds in proportion as they feed on animal food: and he has hence ingeniously suggested, that where there is an opposite tendency in the system to

GEN. III.

SPEC. IV.

Paruria
mellita.General result
of the investi-
gation.Colchicum
autumnale.Sanguineous
depletion can-
not form a
general prac-
tice, and why.Where it may
possibly prove
successful.Explanation
attempted by
what means
animal diet
proves bene-
ficial.Singular
analogy
illustrative of
this effect.

* Med. Journ., vol. xiii.

GEN. III.

SPEC. IV.

Paruria
mellita.General result
of the investi-
gation.

that we are now contemplating, a tendency to the secretion of an excess of uric acid, as in the formation of uric calculi and gouty concretions, this evil may possibly be obviated by a vegetable diet.

Since the above was written, and the second edition of this work published, Dr. Baillie's posthumous volume has put us into possession of his mode of treating saccharine urine. It may appear to many feeble, as much of his practice may do; but long experience, which had made him sage, had made him also cautious and sceptical of medical means. His chief dependence was upon laudanum combined with some bitter, as infusion of rhubarb or columbo. The quantity of laudanum he proposes daily is fifty drops, and the dose of the bitter to be repeated three or four times within the same period. Bleeding, both local and general, is often, he thinks, useful, as "the blood-vessels of the kidneys in this disease are generally more or less *distended* with blood. The diet should be temperate, and consist *CHIEFLY* of animal food; and the best kind of drink is, upon the whole, Bristol water." * He thus seems rather to *wait* for the disease to assume a favourable turn, than to lead it to such. †

SPECIES V.

PARURIA INCONTINENS.

INCONTINENCE OF URINE.

FREQUENT OR PERPETUAL DISCHARGE OF URINE, WITH DIFFICULTY OF RETAINING IT.

GEN. III.

SPEC. V.

THIS is the enuresis of most of the nosologists, and admits of four varieties from diversity of cause and mode of treatment, with often a slight diversity in some of the symptoms.

α Acris.

Acrimonious incontinence
of urine.

From a peculiar acrimony in the
fluid secreted.

* Lectures, &c. 1825, unpublished.

† If the patient's strength would bear it, Dr. Elliotson would recommend venesection, and a confinement as much as possible to animal diet, opium and the phosphate of iron being also prescribed. He considers it likewise advisable to make the patient wear plenty of clothes, so as to keep the skin warm. Warm clothing, and exercise till sweating is produced, have been advised; yet he has known persons perspire profusely in the disease, without any good being done. (See Med. Lectures, delivered at the Lond. Univ., as reported in Med. Gaz. 1832-3, p. 731.) The difficulty of curing paruria mellita may be understood from the following facts:—"Within the last six or seven years," says Dr. Prout, "nearly twenty cases of diabetes have fallen under my observation; and, among these, I have never, but in *one* instance, and in that for a *very short time only*, seen the urine of a diabetic patient rendered quite natural." Of twenty-nine diabetic patients under Dr. Bardsley, sixteen eventually died, eight recovered, and the fate of the other five was unknown. See Cyclop. of Pract. Med., art. DIABETES.
— ED.

β Irritata. Irritative incontinence of urine.	From a peculiar irritation in some part of the urinary channel.	GEN. III. SPEC. V.
γ Atonica. Atonic incontinence of urine.	From atony of the sphincter of the bladder.	
δ Aquosa. Flux of aqueous urine.	From superabundant secretion: the fluid limpid and dilute.	

In the FIRST VARIETY, proceeding from a peculiar acrimony of the secreted fluid, the cause and effect are mostly temporary; as too large a portion of spirits combined with certain essential oils, as that of the juniper berry. Diluents and cooling laxatives offer the best cure.

α P. incontinens acris.

In the SECOND VARIETY, the irritation usually proceeds from sand or gravel, or some foreign substance, as hairs, accidentally introduced into the urethra. We have some accounts, however, of a discharge of hairs in such quantities that it is not possible to ascribe the affection to an accidental cause; and we should rather, perhaps, resolve them into a preternatural growth of hair in the bladder itself; an idea the more tenable, as we shall have to observe, in due time, that calculi of the bladder have occasionally been discharged, or found after death, surmounted with down. In this case the disease may be regarded as a species of trichosis, under which name it is described by Goelicke *, as it is under that of trichiasis by Scultetus. † But, at present, we are in want of decisive information upon the subject. If the last view be correct, filling the bladder with injections of lime-water or any other depilatory liquid, of as much acrimony as the bladder will bear without injuring its internal and mucous surface, will be the best mode of cure. ‡

β P. incontinens irritata.
Sometimes hairs discharged and in abundance as though grown in the bladder: and hence described as a species of trichosis or trichiasis.

Frequently, however, the irritation is that of simple debility: and hence, tonics and stimulants, as the terebinthines or even the tincture of cantharides, may be employed internally with success, while externally we prescribe blisters to the perinæum, or the cold water of a bidet. Pressure is also of great service in many instances. In the sixth volume of the Medico-Chirurgical Transactions, Mr. Hyslop gives a case of nine years' standing, in which a cure was effected in three days by binding a bougie tightly to the urethra through its course by means of adhesive plaster. And Mr. Burns gives another case, in the same volume, in which great benefit was derived from a similar plan: which is also in many instances equally adapted to the next variety.

Frequently an irritation of simple debility.
Treatment.

In INCONTINENCE OF URINE FROM AN ATONY of the sphincter of the bladder, the same means may be had recourse to, though with less hope of success. §

γ P. incontinens atonica.

* Dissert. de Trichosi, Frankf. 1724.

† Trichiasis admiranda, seu Morbus Pilaris, &c. Noric. 1658.

‡ In acute cystitis, the contact of the urine with the bladder is often productive of so much agony, that the latter organ will not retain the smallest quantity of it, and it dribbles away as fast as it descends from the kidneys. — EN.

§ The subject of incontinence of urine is rather more diversified than our author makes it, whose case, referred to acrimonious urine as a cause, is rather of a doubtful nature, and not, perhaps, recognised in practice. The fibres of the

GEN. III.

SPEC. V.

γ P. incontinens atonica.

Cantharides so as to produce strangury.

Stoll recommends the use of acetum armoracium, which, from combining a stimulant with a tonic and astringent power, may possibly be found serviceable, and is certainly worthy of trial.* Small shocks of electricity passed from the pubes to the perinæum seem also to have succeeded in a few cases. But the best radical cure seems to be obtained by cantharides applied in the form of vesicatories, or taken in that of tincture, so as even to produce a strangury where this can be accomplished; which is in fact nothing more than stimulating the muscles that have lost their tone, into a new and even excessive action: for such an action, when once effected, can often be moderated and made regular. Mr. Bingham has given one or two instructive cases of a result † of this kind. ‡

detrusor and those of the sphincter are naturally antagonists to one another: thus, in the healthy state of the parts, the action of the sphincter at most periods predominates over that of the muscular fibres of the parietes of the bladder, so as to confine the urine in that receptacle, in which it accumulates, and produces distension. Now, when this is carried to a certain degree, an inclination to discharge the urine is felt; the will relaxes the sphincter, the abdominal muscles are put in action, the bladder itself contracts, and the urine is expelled. The natural order of things, however, here described, is liable to be deranged by various causes. 1st. In consequence of certain acute diseases, complicated with diminution of the nervous influence, stupor, or coma, or of violent concussion of the brain, apoplexy, extreme intoxication, or injuries of the medulla spinalis, it is common to find patients voiding their urine by drops, incessantly and unconsciously. In almost all such cases, the urine first collects in the bladder, and does not begin to dribble away through the urethra until the bladder has been distended to a certain point, beyond which it will not yield further. Here the stronger the contractile power of the sphincter is, the more tardy is this evacuation, *par régorgement*, as it is termed by French practitioners. On the contrary, when the sphincter is considerably weakened, or paralysed, the bladder expels the urine almost as soon as it receives it, and undergoes but little or no distension. 2d. Old men, especially those addicted to excesses, are very subject to incontinence of urine, usually preceded by retention. The bladder, at first weakened, gradually becomes more and more paralytic, emptying itself in the commencement of the infirmity very slowly, next retaining continually increasing quantities of urine, and at length continually discharging the overflowings by drops. 3d. In persons afflicted with strictures in the urethra, an incontinence of urine *par régorgement* sometimes takes place: in general, as surgeons well know, in these cases, the urine accumulates in the bladder, its evacuation being difficult, incomplete, and accompanied by a good deal of effort. The neck of the bladder, however, may become weakened, distended, and perfectly inert. The prostatic and membranous portions of the urethra may undergo similar changes; and M. Begin has several times found, in the dead subject, those parts of the canal situated behind the urethra, so dilated as to represent a kind of second bladder. Under these circumstances, the stricture then becomes the only obstacle to the escape of the urine, which may continually dribble away. (See art. INCONTINENCE, in Dict. des Sciences Méd., tom. x.) Some examples of incontinence of urine are brought on by various mechanical causes, as the division of the neck of the bladder in lithotomy; the forcible extraction of calculi; a fungous tumour arising from a diseased prostate gland; the pressure of the head of the foetus on the bladder in the latter months of pregnancy; or fistulous communications between the bladder and rectum, or between the bladder and the vagina. In addition to the numerous varieties of incontinence of urine already specified, another particularly common one remains to be mentioned; namely, the case seen in children, whose bladders, not being very capacious, yet extremely irritable, contract during sleep, and the urine wets the bed. In the day time, however, the influence of the will suffices to prevent the urine from being discharged, and consequently the infirmity is only nocturnal and incomplete. — Ed.

* Prælect., p. 287.

† Practical Essay on the Diseases and Injuries of the Bladder, &c. 1822.

‡ M. Ribes has known the nux vomica, or strychnine, cure the incontinence

As the perpetual dribbling of the urine in this, and even the preceding variety, is always troublesome, and often produces excoriation, the patient will find it very convenient to be provided with a light urinary receptacle. This, for males, may consist of a small bag of oiled silk worn as a glove for the penis, with a small piece of sponge placed in it as an absorbent. The simplest contrivance for females is a larger piece of soft sponge loosely attached to the pudendum.

THE FOURTH VARIETY, or flux of aqueous urine, is often a nervous affection, as in hysteria, or hypochondrias; but it more generally proceeds from a relaxation of the mouths of the cryptæ or tubuli uriniferi, which in consequence suffer a much larger quantity of fluid, and with too little elaboration, to pass through them than they should do.*

In treating of *paruria mellita*, we observed that, antecedently to the discovery of the singular secretion of sugar in the genuine form of this disease, the term diabetes, by which it was commonly expressed, imported any extraordinary or profuse flow of urine, whether watery or saccharine: whence the term was made to embrace at least two affections of the kidneys of very different kinds: as a simple relaxation of the mouths of the urinary tubules from debility; and vehement excitement and a morbid change of action; the former expressed by *diabetes insipidus*, and the latter by *d. mellitus*. The variety we are now contemplating constitutes the first of these; as the second runs parallel with the preceding species. It is the *urina aquosa*† of Galen, which was also by himself, as well as the Greek writers in general, blended with the *urina mellita*, from their not having been acquainted with the difference of their constituent principles, and of the state of the kidneys in the one case and in the other; and hence both were equally described by them under the names of hyderus or water-flux, and hydrops matellæ or urinal dropsy: and, as Professor Frank has even in the present day followed or rather revived the Greek import of diabetes, his enuresis embraces the preceding varieties, but omits the present, as included under the former. ‡

GEN. III.

SPEC. V.

γ P. incontinenens atonica.

Means for preventing a dribbling of urine.

δ P. incontinenens aquosa.

Often the diabetes insipidus of many writers: the *urina aquosa* of Galen, diabetes of Frank, and hence a variety of his hyderus or hydrops matellæ.

of urine which occurs in persons afflicted with incomplete paraplegia; but M. Bégin has tried it without success. (See Dict. de Méd. et de Chir. Pratiques, tom. x. p. 387.) In old men incontinence of urine is often combined with a full state of the bladder, which has lost its power of contraction. Here the regular use of the catheter, which is to be allowed to remain in the urethra, is of important service; for, without it, no other means will avail. Some practitioners also inject into the bladder lotions containing the chloride of soda, or composed of sulphurous or chalybeate waters, in a diluted or concentrated form. They apply cloths wetted with ice-cold water to the hypogastrium and perineum, or put the patient in the cold bath. Others prefer large blisters over the sacrum, pubes, or perineum; or have recourse to strong spirituous liniments. With these remedies may be united the internal administration of quinine, chalybeates in the form of medicine, or mineral waters, and, as our author recommends, the tincture of cantharides in prudently regulated doses. — ED.

* The doctrine of augmented secretion from relaxation of the secernent organs is too mechanical a theory to carry with it much probability. Increased secretion always implies, in the view mostly adopted by the best modern pathologists, an increased action of the secerning vessels. Without this, however open and relaxed the excretory tubes of a gland might be, it is manifest, that no augmented secretion would take place. — ED.

† De Crisibus, lib. i. cap. xii.

‡ De Cur. Hom. Morb. Epit., tom. v. p. 68.

GEN. III.

SPEC. V.

δ P. inconti-
nens aquosa.Medical
treatment.Quantity here-
by discharged
sometimes
enormous.

As this variety, like the preceding, is dependent on a debilitated state of the organ, it should be attacked with the same remedies, and particularly with astringent tonics and stimulants both local and general. Blisters, applied to the loins, will be found often useful, as may also tincture of cantharides in doses of from twenty drops to half a drachm or even a drachm. The warm and resinous balsams will moreover frequently afford aid, as turpentine and balsam of copaiva, or the essential oil of juniper.

The quantity, discharged under this variety of the disease, has occasionally been enormous: amounting to from thirty to forty pints a day and sometimes more, for one, two, or even three months without intermission; many examples of which are offered in the volume of Nosology. Fonseca mentions a case of two hundred pints evacuated daily, but, for what term of time, is uncertain.*

SPECIES VI.

PARURIA INCOCTA.

UNASSIMILATED URINE.

URINE IMPREGNATED WITH FLUIDS TAKEN INTO THE STOMACH
AND EXCRETED WITHOUT CHANGE.

GEN. III.

SPEC. VI.

Parallel with
some.Nature of
the disease
explained.Further
illustrated.

THE Greek pathologists evidently allude to this morbid state of the urinary organs in comparing some varieties of their diabetes, or urinary diarrhœa, to a lenteria or *levitas intestinorum*, under which last the food is described by them as evacuated in a crude and undigested state, with very little alteration from the condition in which it was introduced into the stomach.

The experiments of Sir Everard Home, and those of Dr. Wollaston and Dr. Marcet, all contained in the Philosophical Transactions for the year 1811, show that rhubarb and prussiate of potash may pass from the stomach into the bladder, without undergoing any decomposition; and, in these cases, apparently without taking the course of the blood-vessels. By what other path it is possible for them to have travelled, is to this moment a subject of mere conjecture, upon which, however, the author has offered a few hints in the Physiological Proem to the present class. Oil of almonds has frequently reached the bladder with an equal destitution of change, and has been discharged in the form of oil by the urethra †; and oil of turpentine and juniper pass off in the same manner. Actuarius mentions a discharge of urine of a blue

* De Naturæ Artis Miraculis, p. 538. The treatment of incontinence of urine must always be regulated by a consideration of its cause. Mostly it is only the effect of some other injury or disease, and then the cure depends upon the removal of the latter. The nocturnal form of the complaint, so common in children, requires that they should be waked, and desired to make water, once or twice in the course of the night. They should also be kept from drinking tea or other diluent fluids in the evening. — ED.

† Bachotoni, Comment. Bonon., tom. ii. part i.

colour from a boy, who had taken a bitter pill designed for another patient, but does not state the materials. Urine, containing a sediment resembling Prussian blue, was discharged copiously by a patient in a low fever, about three days before his death*: it afterwards became greenish, and possessed a strong ammoniacal smell. Another case is related by the same author of a discharge of blue urine from a woman of sixty, without mischief. We do not know, however, that either of these two last cases was connected with any thing introduced into the stomach, and the blue or dark-coloured matter consisted probably of extravasated venous blood, intermixed with the yellow or other tinge of the urine: and perhaps we are to ascribe to a like cause a case related by Dr. Marcet, in which the urine was black, or rather became so, soon after being discharged, in a boy seventeen years old, and apparently healthy, and who had laboured under this affection from his birth. It was, however, accompanied with this peculiarity, that, although in this state it was almost imputrescible, whenever occasionally the preternatural colour was lost, it became putrid very rapidly. Dr. Prout, who analysed it, thought he discerned some new substance in combination *with ammonia*.† This has been supposed to be a peculiar acid; and it has been suggested that it should be distinguished by the epithet *MELANIC*.

GEN. III.
SPEC. VI.
Paruria
incocta.

Marcet.

Prout.

There is also a secretion of reddish turbid urine, depositing an abundance of a lateritious or pink-coloured sediment: this is a peculiar sign of inflammatory fever, which rarely, if ever, occurs without it; though the lighter pink deposits take place occasionally also when no fever is present. The colouring material has been named by M. Proust *ROSACIC ACID*; and appears, from experiments and remarks of Dr. Prout, to consist essentially of lithate of ammonia or of soda, tinted by purpurate of ammonia: the purpurate itself being a combination of nitric and lithic acid, both secreted conjointly by the kidneys.‡

Swediaur, under his genus *dysuresia*, enumerates urines of various other kinds.§ And occasionally such morbid changes are to be found during paroxysms of hysteria, though more commonly the urine is then destitute of its natural colour.||

Copious diluents, mucilaginous or farinaceous, will at all times afford the best means of deterging the kidneys of any such untempered materials as those we are now contemplating; and if the colour should appear to proceed from a rupture of blood-vessels in the same organs, the affection will become a variety of hæmaturia, and should be treated accordingly.¶

Medical
treatment.

[Dr. Prout, in his valuable publication, first considers diseases, in which an albuminous principle in the urine is a characteristic

* M. Jules Cloquet, in 1823, communicated to the Acad. R. de Méd. at Paris, the case of a child thirteen years of age, who, for three days, whilst labouring under enteritis, voided urine of a perfectly blue colour. Another member of the Academy also states, that he had noticed a similar occurrence in a man afflicted with acute rheumatism. Archiv. Gén. de Méd., Juin, 1823. — Ed.

† Trans. of Medico-Chir. Soc., vol. xii. part i. 1822.

‡ Enquiry into the Nature and Treatment of Diabetes, Calculus, &c. By William Prout, M.D. 2d edit. pp. 16, 17. 125. 1825.

§ Nov. Nosol. Meth. Syst., ii. 61.

|| Practical Essay on the Diseases and Injuries of the Bladder, &c. 1822.

¶ See vol. ii. p. 193—198.

GEN. III.
SPEC. VI.
Paruria
incocta.
Chylous urine.

symptom. Here it occurs very rarely in the serous, and much more frequently in the chylous form, or in an intermediate state. An extraordinary case of chylous urine fell under the care of Dr. Elliotson. The urine was chylous at every period; but what was voided in the evening had such a resemblance to chyle, that Dr. Prout doubts whether he should have discovered the difference, if it had been presented to him as a specimen of chyle. It consisted of a solid coagulum of a white colour, and having the shape of the vessel, like blancmange. Dr. Prout has seen the ordinary forms of this disease mostly in persons beyond the middle age, of an irritable scrofulous habit, and impaired digestive powers, and who have been free livers. In such habits, and perhaps in others, under certain circumstances, he conceives, that this condition of the urine may be excited by a long course of mercury, stimulating diuretics, violent passions of the mind, or exposure to cold. Frequently, however, the particular cause cannot be traced.

Treatment.

Slight degrees of this affection may exist for years without becoming worse, or producing any serious effects on the constitution. Even in the extraordinary case under Dr. Elliotson, the constitutional symptoms were by no means severe, and it did not interfere with the generative powers.

The treatment, Dr. Prout says, must depend upon the disease with which it is complicated. Considered as a symptom, however, it may be useful in teaching us to avoid stimulant diuretics, especially alkaline ones. According to this intelligent physician, sedatives and tonics may be occasionally beneficial.*]

SPECIES VII.

PARURIA ERRATICA.

ERRATIC URINE.

URINE DISCHARGED AT SOME FOREIGN OUTLET.

GEN. III.
SPEC. VII.
Nature of
the species
explained

UNDER the preceding species, we have seen that certain substances, introduced into the stomach, will find their way unchanged to the kidneys. The present species presents to us a singularity of a different and almost opposite kind, by showing us, that the urine itself, in a certain condition of the organ that secretes it, or of the system generally, may travel from the kidneys to other regions in a form equally unchanged.† We know nothing of the means by which all this is accomplished; but we can sometimes avail ourselves of the fact itself, by employing a variety of medicines, which, in consequence of their being able, in this manner, to arrive at a definite organ without being decomposed in the general current of the blood, are supposed to have a specific influence upon such quarter, and have often been deno-

* See Prout's Enquiry into the Nature, &c. of Diabetes, Calculus, &c. 2d ed. 8vo. Lond. 1825. The second chapter of this work treats of diseases in which an excess of urea is a characteristic.

† See Spec. ii. δ of the present genus, urethral stoppage of urine.

minated specifics for such an effect; as cantharides in respect to the bladder, demulcents in respect to the lungs, and cinchona in respect to the irritable fibre.

This disease has often been described under the name of uroplania, which is nothing more than a Greek compound for "erratic urine" as it is here denominated, but it has seldom been introduced into nosological arrangements. The cases, however, are so numerous and distinct, in writers of good authority, that it ought not to be rejected. In most instances, it is not a vicarious discharge; or, in other words, a secretion of a different kind, compensating for a destitution of urine, but a discharge of an urinous fluid, apparently absorbed after its secretion by the kidneys, and conveyed to the outlet from which it issues by a path or under a protection that has hitherto never been explained. We sometimes meet with it while there is a free secretion of urine by the kidneys, and a free passage by the bladder and urethra, in which case alone it can be called a disease. On other occasions we find it, as already observed under *PARURIA inops*, performing a remedial part, and travelling in the new direction to carry off recrementory matter that cannot be discharged at its proper outlet, nor retained in the blood without mischief.

It has in different persons been evacuated by the rectum, salivary glands, the skin at the navel, and by a fistulous opening in the perinæum, and has sometimes been found, on post-obit examinations, filling the ventricles of the brain. Mr. Howship relates a singular case, in which the secretion was discharged alternately, and in an almost incredible deluge each time, from the kidneys and the bowels, with long intervals of suppression, occasionally extending to six weeks or two months; an examination by the catheter proving, that no water existed in the bladder during these periods. At one of these irregular tides, twenty-two quarts were passed by the bladder in occasional spasmodic gushes within three days: and, at another, two gallons of urine were passed daily by the rectum for four days in succession. The patient was a lady twenty-four years old at the commencement of the disease, which, at the time of writing, had continued, with little variation, for nearly four years, apparently without much serious inroad on her constitution.* It does not seem to have been accurately ascertained, whether the discharge from the bowels was genuine urine or a substituted fluid.

The volume of Nosology gives a reference to cases and authorities, illustrating each of these forms of discharge: and additional ones are probably to be met with in other writings.

* Practical Treatise, &c. on Complaints that affect the Secretion of Urine. 8vo. 1823. One of the most extraordinary cases on record is that of Mary Burton, aged 27 years, who laboured under a retention of urine, and who, whenever the introduction of the catheter was deferred beyond the regular periods, used to discharge from the ears, breasts, nostrils, and one of her eyes, a fluid exactly similar to urine. The particulars, which are given by Dr. Salmon Arnold, in the New England Journ. of Medicine and Surgery for October, 1825, have been stated in a previous note to the subject of paruria retentionis. — ED.

GEN. III.
SPEC. VII.
Paruria
erratica.
Uroplania.

Mostly not a
vicarious dis-
charge, but
evacuation of
genuine urine.

Has been
thrown off
from the sali-
vary glands,
skin, navel,
perinæum,
ventricles of
the brain.
Discharged
alternately
from bowels
and kidneys in
extensive
gushes.

GENUS IV.

LITHIA.

URINARY CALCULUS.

MORBID SECRETION OR ACCUMULATION OF CALCULOUS MATTER
IN THE URINARY CAVITIES.

GEN. IV.
Origin of the
generic term.

LITHIA is a Greek term from *λίθος*, whence *λιθιάω*, “calculo laboro.” It has often been written lithiasis, which is here exchanged for lithia, since *iasis*, in the present arrangement, is limited, as a termination, to words indicating diseases affecting the skin or cuticle.

Synonymous
with lithus
and lithiasis.

Subject little
known by
chemical
analysis till of
late years.

The name of lithus or lithiasis, as used by Aretæus and Aurelianus, and that of calculus or sabulum, as employed by Celsus and Pliny, sufficiently evince the elementary principles of which the Greeks and Romans conceived urinary calculi to consist. The mistake is not to be wondered at when we reflect, that it was only between thirty and forty years ago that these principles were detected with any degree of accuracy; and that we are indebted to the minute and elaborate experiments of Fourcroy and Vauquelin for an analysis that, till their time, though successively pursued by Hales, Boyle, Boerhaave, and Slare, had been left in a very unsatisfactory state; and which even since this period has required the further corrections of Wollaston, Marcet, Cruikshank, Berzelius, Brande, Prout, and various other animal chemists, to produce all the success we could desire. So general was the belief that the calculi of the bladder were formed in the same manner and consisted of the same materials as the stones of the mineral kingdom, that Dr. Shirley published a learned book as late as 1671, which is now become extremely scarce, entitled, “Of the causes of stones in the greater world, in order to find out the causes and cure of the stones in man.”

Compound
principles of
urine.

Phosphoric
acid, by whom
first discovered.

Uric acid,
when first
discovered.

Carbonic acid,
resin, and other
substances.

The urinary secretion in a state of health is one of the most compound fluids of the animal system; and consists of various acids and alkalies, the former, however, bearing a preponderancy, with a certain proportion of calcareous earth, and other materials which it is not necessary to dwell upon at present. The acid first discovered in it was the phosphoric, which was traced by Brandt and Kunckel, whence the experiments of Boyle, from which he obtained phosphorus. The important discovery of uric acid was reserved for Scheele, who detected it in 1776: as he did also benzoic acid, chiefly confined to the urine of children, but alleged by Dr. Prout not to form part of healthy urine. Prout has since proved, that it contains also carbonic acid, and a peculiar resin like that of bile; and other acids, in smaller proportion, have more lately been ascertained by Thénard and Berzelius.* Hence the

* The researches of Dr. Prout tend to prove, that *healthy urine* contains water; urea; lithic acid; lactic acid, and its accompanying animal matters; sulphuric

calcareous earth that is separated by the kidneys, as we have had occasion to observe that it is also by most other organs of the body in a state of health or of disease, is productive of numerous compounds, as carbonate of lime, phosphate of lime, oxalate of lime : together with compounds still more complicated by an intermixture of the lime with the urinary alkalies. But as, in a state of health, the urine is always found to contain calcareous earth under some form or other, in a morbid state it is also found to contain magnesian earth more or less united with the other materials, both acid and alkaline. In many cases, moreover, the natural acids or the natural alkalies are secreted in excess, in others in deficiency. And from all these circumstances it is easy to conceive, that a very great variety of concretions, or calculi, may at times take place either in the kidneys or in the bladder. How far these varieties extend has, perhaps, not fully been determined to the present day, but the number, which has been detected and analysed, is now very considerable, and has been increasing ever since Dr. Wollaston's valuable essay on this subject, which appeared in the Philosophical Transactions for the year 1797, and laid a foundation for the arrangement. Among those which have been subsequently ascertained, a few, and especially the cystic oxide, have been discovered by himself; and the whole are thus enumerated by Dr. Marcet in a still later production of highly distinguished merit* : — 1. *Lithic calculus*, composed chiefly of lithic or uric acid. 2. *Earth-bone calculus*, consisting chiefly of phosphate of lime. 3. *Ammoniaco-magnesian phosphate* or *calculus*, in which this triple salt obviously prevails. 4. *Fusible calculus*, consisting of a mixture of the two former. 5. *Mulberry calculus*, or oxalate of lime. 6. *Cystic calculus*, consisting of the substance called by Dr. Wollaston cystic oxide. 7. *Alternating calculus*, or a concretion composed of two or more different species arranged in alternate layers. 8. *Compound calculus*, the ingredients of which are so intimately mixed as not to be separable without chemical analysis. 9. *Calculus* from the *prostate gland*, of a peculiar kind, and consisting, according to Dr. Wollaston, “ of phosphate of lime not distinctly stratified, and tinged by the secretion of the prostate gland.” The two not hitherto described are, 10. *Xanthic oxide*, making an approach to the cystic calculus, but giving, which that does not, a bright lemon residuum on evaporating its nitric solution. And, 11. *Fibrinous calculus*, so called from its possessing properties exactly similar to those of the fibrine of the blood, and no doubt formed by a deposit from this fluid. †

GEN. IV.
Lithia.

Hence the calcareous earth of the kidneys productive of numerous compounds.

Magnesian earth an occasional ingredient.

Hence the varieties of calculi almost innumerable.

Arrangement attempted by Wollaston ;

and pursued by Marcet, who enumerates them as follows.

acid ; phosphoric acid ; muriatic acid ; fluoric acid ? ; potash, soda, ammonia ; lime ; magnesia ; silex ? ; and mucus of the bladder. *Diseased urine*, according to the same authority, contains albumen ; fibrine ; red particles ; nitric acid ; erythric acid ; purpuric acid ; melanic acid ? ; oxalic acid ; benzoic acid ; carbonic acid ; xanthic oxide ; cystic oxide ; Prussian blue ; sugar ; and bile. See Prout's *Enq. into the Nature, &c. of Diabetes, Calculus, &c.* 2d edit. 8vo. Lond. 1825. — ED.

* Essay on the Chemical History and Medical Treatment of Calculous Disorders.

† The solid concretions, or urinary calculi, though presenting numerous varieties, are generally composed, as Dr. Prout has ably explained, of four elementary substances only : — lithic acid and its compounds ; oxalate of lime ;

GEN. IV.
Lithia.
Of these, few
only found in
the kidneys,
and many of
them not often
in the bladder.

Of these, a few only are commonly found in the kidneys, though most of those which are found in the kidneys are found also in the bladder, and in reality constitute the common nuclei of the calculous concretions of this last organ; the augmentation, resulting from other constituent principles of the urine, gradually separating and incrusting them as they lie in the bladder in an undisturbed state.

The symptoms, moreover, of renal and vesical calculi differ as widely as their component parts, and hence point out the necessity of subdividing the genus into the two following species:—

- | | |
|--------------------|-------------------|
| 1. LITHIA RENALIS. | RENAL CALCULUS. |
| 2. ——— VESICALIS. | VESICAL CALCULUS. |

SPECIES I.
LITHIA RENALIS.
RENAL CALCULUS.

PAIN IN THE LOINS, SHOOTING DOWN TOWARDS THE TESTES OR THIGHS; INCREASED BY EXERCISE; URINE OFTEN DEPOSITING A SABULOUS SEDIMENT.

GEN. IV.
SPEC. I.
Nature of the
species ex-
plained.

THE calculous matter of the kidneys sometimes passes off in minute and imperceptible grains with the urine, which are only noticed by their concreting or crystallising about the sides of the vessel that receives it; and sometimes collects and forms very troublesome spherules or nodules in the substance or pelvis of the kidneys: thus offering the two following varieties:—

- | | |
|---------------------------------------|--|
| α Arenosa.
Urinary sand. | Pain slight, and unfrequent:
free discharge of sabulous
granules. |
| β Calculosa.
Urinary gravel. | Pain mostly severe and con-
stant; sabulous discharge
small, and occurring but
seldom: calculus varying in
size, often large and ob-
structing the pelvis or ure-
ter of the kidney. |

Urinary sand;
of two sorts,
white and red.

Urinary sand, or the sabulous matter deposited on the sides or bottom of a receiving vessel, is of two kinds, WHITE and RED*:

cystic oxide; and the earthy phosphates. From a table drawn up by this author from the contents of several museums, in which were 823 calculi, the comparative frequency of each species was as follows:—lithic acid, 294; mulberry, 113; phosphates, 3; alternating calculi, 186; mixed compound, 25. — ED.

* Dr. Prout, whose important writings on this subject our author has not availed himself of, divides the deposits, which occasionally take place in the urine, into three kinds: the amorphous; the crystallised, or gravel; and the solid concretions, or calculi. The amorphous sediments indicate an excess of lithic acid, and consist essentially of lithic acid, combined with a base, generally ammonia.

and it is of great importance to distinguish the one from the other, as they proceed from very different causes, and require a different, and, indeed, opposite mode of treatment. Mr. Brande has published an excellent treatise upon this subject in his *Quarterly Journal*; and, in the remarks about to be offered upon this species, I shall avail myself in no small degree of the benefit of his labours, in connection with those of Dr. Marcet, to which I have already referred.

The urine, in a healthy state, is always an acid secretion, and it is the excess of its acid that holds the earthy salts in solution. If, from any cause, it be deprived of this excess, or, in other words, the secretion of its acid be morbidly diminished, the earthy parts are no longer held in solution, and a tendency to form a **WHITE SAND OR CALCAREOUS DEPOSIT** immediately commences. And that this is the real source of its production is manifest from the simple experiment of mixing a little alkali with recently voided urine; for the alkali has no sooner exercised its affinity for the acid than the urine throws down a white powder. And hence a like deposit will not unfrequently take place upon using magnesia too freely.

A knowledge of the cause of this modification of urinary sand puts us at once into an easy mode of curing it; a mode, however, which was first pointed out to the world by Dr. Wollaston. It consists in introducing into the system some other acid as a substitute for that which is wanting to the kidneys. All the acids seem to answer this purpose, but as the sulphuric usually sits more easily on the stomach than any other of the mineral acids, it is entitled to a preference; and the more so on account of its superior tonic powers, and consequently its better adaptation to the chylofactive organs, a debility which is no unfrequent cause of the complaint. The vegetable acids, nevertheless, may be interposed with the sulphuric, or, where the stomach is very delicate, entirely supersede their use. Of these the citric is the pleasantest, and can be persevered in for the longest period of time, especially in the case of children. The tartaric, however, and especially in the form of cream of tartar, has the advantage of gently operating upon the bowels, which is always a beneficial effect. Carbonic acid, whether taken in the form of effervescing saline draughts, or simply dissolved in water by means of Nooth's apparatus, will also be found a useful and pleasant auxiliary. The general diet should be of the same description, and be as largely as possible intermixed with

GEN. IV.
SPEC. I.
α *L. renalis*
arenosa.

White urinary sand.

Healthy urine always contains an excess of acid, which is the uric, and holds the earthy salts in solution.

If this be diminished, the earthy parts separate and become deposited in the form of white urinary sand. Illustrated.

Easy mode of curing this evil.

Substitution of some other acid.

All acids will answer.

Carbonic acid.

Acescent diet.

They are of a yellow, red, or pink colour. The yellow are the sediments of health; the red denote feverish or inflammatory action, especially when on the decline; while the pink generally indicate fever of an irritable nature, as hectic, and occur in the urine of dropsical individuals, and of those labouring under chronic visceral affections, particularly of the liver. According to Dr. Prout's researches, the colour of these deposits depends upon two substances: the first, an ingredient of healthy urine, which forms the yellow deposits; and the other, purpuric acid, upon which the pink sediment depends; while the red, or lateritious, is a mixture of both. The crystallised deposits are also of three kinds: viz. of lithic acid, by far the most frequent, and always red; the triple phosphate of magnesia and ammonia, always white; and the oxalate of lime, extremely rare, of a blackish-green colour. See Prout's *Enquiry into the Nature, &c. of Diabetes, Calculus, &c.* Lond. 1825, 2d edit. — ED.

GEN. IV.

SPEC. I.

a L. renalis
arenosa.

If too large a
secretion of
calcareous
earth, the re-
sult alike.

This acid may
be in excess,]
instead of
deficiency :

Red urinary
sand, a result
of this.

Voided in two
ways.

This modifi-
cation relieved
by alkalies.

The effect of
caustic fixed
alkalies upon
concrete uric
acid long
known.

Now known
that alkaline
carbonates are
as effectual.

Soda.

salads, acids, fruits, and especially oranges. Malt liquor should be abstained from ; and, if the habit of the patient require that he should continue the use of wine, champagne or claret should be preferred to madeira or port.

It is possible, however, that this modification may be a result of too large a secretion of calcareous earth, instead of too small a secretion of acid ; yet, the effect being the same, the same mode of treatment will be advisable.

But the acid may be in excess, instead of in deficiency, or, which is nearly the same thing, the natural secretion of calcareous earth may itself be deficient, while the acid retains its usual measure : and, in this case, the acid itself has a tendency to form a deposit by crystallising into minute and red spiculæ — and hence the modification of RED SAND, that is so frequently found coating the sides and bottom of chamber utensils.*

This, like the preceding, is sometimes voided in a concrete or crystallised state, or the urine may be voided clear, and the deposit not take place till some hours afterwards. The last is ordinarily the result of some temporary cause, and is of no importance, as it disappears with the cause that produces it. The first is of more serious consideration, as it indicates a lithic diathesis, that may lead to a formation of large and mischievous calculi, and is a pretty certain harbinger of the variety we shall have to notice under the name of gravel.

As acids form the best preventive and cure in the preceding case, alkalies present an equal, or nearly equal, remedy in the present, with the exception that the tendency to produce urinary red sand is more likely to run into a habit, and is hence less easily extirpated, than that to produce white.

It has, in fact, been long known, that concrete uric acid is soluble in the caustic fixed alkalies ; and these were, in consequence hereof, the earliest forms of alkali adverted to for this deposit. But, it has since been ascertained, that the alkaline carbonates and sub-carbonates are equally effectual. And, as the latter are far less apt to disagree with the stomach than the former, they have very generally taken their place. Of the alkalies and alkaline carbonates, soda has commonly been found to answer the purpose best. It is, indeed, chiefly effectual in its pure state, but it is most convenient to use it in a milder form ; and of all the forms it offers, that of soda-water is the pleasantest, and may be persevered in for the longest period of time. Nevertheless there are some constitutions in which potash and its carbonate prove more effectual than soda ; a remark for which we are indebted to Sir Gilbert Blane, who, on this account, has occasionally given it the preference, and, for the sake of rendering it more palatable, has sometimes partly saturated it with lemon-juice or citric acid ; and when there has been severe or protracted pain, producing considerable irritation, has united it with opium. † A drachm of the carbonate

* Dr. Prout's explanation of this part of the subject is different : according to his views, the precipitation of lithic acid depends upon the presence in the urine of a free acid, commonly the muriatic, sometimes the phosphoric or sulphuric, and occasionally other acids, which act by decomposing saline compounds, and setting a destructible acid free, which is the immediate cause of the deposition of lithic acid and gravel. — EN.

† Trans. of a Society for improving Med. and Chir. Knowledge, vol. iii. p. 358.

of either of the fixed alkalies will form a moderate dose for an adult, and may be repeated two or three times a day, taken during the effervescence produced by the addition of half an ounce of lemon-juice to the menstruum, which may consist of two ounces of water sweetened with honey.

Ammonia and its subcarbonate have been had recourse to, and with great advantage, where symptoms of indigestion have been brought on by the fixed alkalies; and particularly, in cases in which red gravel is connected with gout, and the two diseases show a disposition to alternate.

Magnesia is also of considerable use, as has been lately shown by Mr. Brande.* Taken in free and frequent doses, it has often succeeded in checking the tendency to a formation of sand and gravel, and has kept many individuals free from this complaint for very long periods of time, who have been constitutionally predisposed to it. Nevertheless it is not calculated to supersede the use of the alkalies, but may be employed as a convenient adjunct, or supply their place for a time, when the patient has become tired of using them.

There is some doubt as to the manner in which the acids, employed to correct a secretion of white sand, and the alkalies that of red, fulfil their object; whether indirectly, by a peculiar action on the chylofacient organs, so as to render the fresh supply of nutriment more easily disposed to yield an acid in the one case, and less easily in the other; or directly, by passing unchanged along the current of the blood, and arriving at the kidneys in their proper forms. There is a difficulty attending both these views; but as uric acid, though soluble in the caustic alkalies, is found not to be soluble in their carbonates and subcarbonates, the benefit of alkaline medicines does not seem referrible to their solvent powers. And hence it is, on the whole, more probable that both acids and alkalies produce an indirect influence on the kidneys, as we have already had occasion to observe that animal food does in saccharine urine, by a peculiar influence on the chylofacient viscera, or the nutritive materials during their subaction.

There is also another class of medicines which have long stood the test, and been proved to possess a truly remedial power in all urinary concretions of the kind before us: I mean, astringents. So considerable is their efficacy, that De Heucher ascribes to them an expulsive power, in his treatise entitled "*Calculus per astringentia pellendus*." Their real mode of action has probably been pointed out by Dr. Cullen in a passage in which he has anticipated much of the reasoning of the present day concerning the benefit of alkalies, and has hereby given an additional proof of the strength of his judgment. Speaking of the leaves of the *uva ursi*, he says, that this medicine, "not only from the experiments of the late De Haen, but also from my own, I have found to be often powerful in relieving the symptoms of calculus. This plant is manifestly a powerful astringent; and in what manner this and other astringents are useful in the cases mentioned, may be difficult to explain: but I shall offer a conjecture upon the subject. Their powerful attraction of acid we have mentioned above, and that thereby they may be useful in calculous cases is rendered

GEN. IV.

SPEC. I.

α *L. renalis arenosa*.

Sometimes with an under dose of citric acid, or opium.

Ammonia and its subcarbonate.

Magnesia.

Whether the acids and alkalies act indirectly by influencing the stomach, &c., or directly by passing to the bladder.

Beneficial use of astringents. Supposed by De Heucher to possess an expulsive power: probable mode of action, as pointed out by Cullen.

* Phil. Trans. year 1810, p. 136.; 1813, p. 213.

GEN. IV.

SPEC. I.

α *L. renalis arenosa*.

β *L. renalis calculosa*.

Sometimes very large and quiet.

Only three of Marcet's classification of calculi ever found in the kidneys: uric, oxalic, and cystic.

Uric calculi, their chemical character.

Symptoms by which this variety is marked.

probable by this, that the medicines, which of late have been found the most powerful in relieving the symptoms of calculus, are a variety of alkalies, which are known to do this without their acting at all in dissolving the stone."* Their virtue as a stomatic tonic ought also to be taken into consideration, as well as their absorbent power.

The SECOND VARIETY of the lithic concretion we are now contemplating, and which, from its tendency to form larger masses, is usually denominated GRAVEL, is of far greater importance than the preceding, from the actual pain that is suffered in most cases, and the danger there always exists of the conversion of such nodules into calculi of the bladder. One of the largest and most extraordinary instances of this kind is to be found in the museum of the London College of Surgeons, belonging to Mr. Hunter's collection, by whom it was taken from the body of Mrs. —, a niece of Sir Richard Steele, of the weight of seven ounces and a half. She was never known to have had a nephritic symptom till just before her death, when she was suddenly attacked with a violent pain, which produced a fever that destroyed her.

Of the eleven classes of urinary calculi enumerated by Dr. Marcet, there are rarely more than three that are found passing through the natural passages of the kidneys, though others are traced occasionally as imbedded in the pelvis or substance of the kidneys. These three are the uric, oxalic, and cystic; and of these the two last are very rare productions in comparison with the first. "Out of fifty-eight cases of kidney calculi," says Mr. Brande, "fifty-one were uric, six oxalic, and one cystic." The phosphates seem never to form calculi in the kidneys, for which it is difficult to assign a reason.

The uric calculi, as voided immediately from the kidneys, are of a yellowish or reddish-brown colour, somewhat hard, and soluble in caustic potash. They exhale the smell of burnt horn before the blowpipe, and, when heated with nitric acid, produce the peculiar red compound which Dr. Prout has called rosacic acid. The oxalic calculi vary considerably in appearance. They are generally of a greyish-brown colour, and made up of numerous small cohering spherules, and have sometimes a polished surface, and resemble hemp seeds. They are easily recognised by their insolubility in dilute muriatic acid, and by swelling up under the blowpipe, and burning into a white ash consisting of pure lime. The cystic calculi have a yellowish colour, and a crystallised appearance; they are soluble in dilute muriatic acid, and in diluted solution of potash. Dr. Wollaston has remarked that, when heated in the flame of a spirit-lamp, or by the blowpipe, they exhale a peculiar fetid smell, by which they may readily be characterised.†

The usual symptoms, by which this variety is marked, are those of pressure and irritation: as a fixed pain in the region of the affected kidney, with a numbness of the thigh on the same side, the pain alternating with a sense of weight. The pain is sometimes very acute, and accompanied with nausea and deliquium, proving that the calculus has entered the ureter, and is working its way down

* Mat. Med., part II. chap. I. p. 13.

† Brande, Journal, &c. vol. viii. p. 67.

into the bladder, after which the pain ceases till it reaches the urethra, or, by remaining in the bladder, it becomes incrustated with other materials, and forms a vesical calculus. During the whole of the passage from the kidneys, the urine is usually high-coloured, and deposits a reddish or reddish-brown sediment, occasionally not unlike the grounds of coffee, and evidently giving proof of the laceration of blood-vessels by the angular points of the calculus. It is a very singular fact, and has been properly noticed by Dr. Heberden, that, during the most violent pain at any time endured from this cause, there is rarely any acceleration of the pulse: in the same manner as the torture sustained by the passage of a gall stone through the gall ducts produces as little effect upon it. If, however, the flow of the urine be obstructed by the calculus, as sometimes happens, the ordinary constitutional symptoms take place which characterise that affection, as a general sense of uneasiness, heat, thirst, a quickened pulse, and other pyretic concomitants: sickness at the stomach, costiveness, sleepless nights, and at length coma, intermitting pulse, convulsions, and death: and all this, even while the pain, or weight in the loins, is not peculiarly distressing. We have often had occasion to observe, that, when a morbid change takes place in an organ very gradually, it may proceed to almost any extent without any acute suffering on the part of the patient, and sometimes without any suffering whatever. The same fact not unfrequently occurs in the disease before us, of which a remarkable instance is related by Dr. Marcet, in a patient who died of a dropsy in the chest, without having made any complaint of the state of his urinary organs, though one of his kidneys was found, on dissection, to be distended by a large collection of calculi.

Sometimes a stone in the kidney, when very large, may be felt through the loins. "Mr. Cline informed me," observes Sir Astley Cooper, "that a patient consulted him who had this disease, in whom he could distinctly feel the stone by pressing firmly on the loins. The patient's general health would not, at that time, bear an operation, otherwise Mr. Cline would have removed the stone by incision."*

The proximate cause of the formation of uric calculi, we have already shown to be an excess of uric acid: that of the oxalic and cystic is not quite so obvious,—a point, however, of less importance, from the unfrequency of their occurrence. The predisposing and occasional causes of all of them are too often involved in obscurity. In many persons, there is an hereditary tendency to this complaint; general indolence; or a sedentary life becomes a predisponent in others; too large an indulgence in fermented liquors, and the luxuries of the table generally, forms a predisponent in a third class: but the chief cause of this kind we are acquainted with, is a want of constitutional vigour, and especially in the digestive organs. The periods of life, in which this disease occurs most frequently, are from infancy to the age of puberty, and in declining years: while it is rarely found during the busy and restless term of mature virility.

It is for the same reason, that the disease of gravel is so frequently connected with gout, which has a peculiar tendency to

GEN. IV.
SPEC. I.
 β *L. renalis*
calculosa.

Where the disease proceeds very slowly, little inconvenience felt.
Illustrated.

Proximate cause of uric acid calculi.

That of oxalic and cystic not no obvious.

Predisposing and occasional causes.

Diathesis approaches that of gout.

* Lectures, &c. vol. ii. p. 222. 8vo. 1825.

GEN. IV.

SPEC. I.

 β L. renalis
calculosa.Analogy traced
out.Process of
treatment.Mischievous
effects of a
luxurious diet
exemplified
from Magendie.

debilitate the digestive organs. "The calculous cachexy of the urinary system," says Dr. Swediaur, "often resembles the podagric cachexy, to which indeed it bears a strong analogy. Both are hereditary, occasionally endemic. As gout is for the most part observed in regions abounding in wines, lithia is chiefly traced where malt liquors are the ordinary beverage; and hence, in Europe, we are not without examples of it, even in infancy. Almost all cases of gout, occurring after the middle of life, are combined with calculous urine; while the last proves at times a metastasis of the first." *

The process of treatment must, for the most part, be derived from these causes. As a preventive of that modification of calculus which is by far the most frequent, we have already advised the use of alkalies and alkaline carbonates. When the digestive organs are weak, the diet should be light but generous; warm and bitter tonics will always be found serviceable; the bowels should never be suffered to become costive, and should occasionally be stimulated by brisk purgatives, which tend equally to remove acidities from the stomach, and to stimulate the kidneys to a more healthy action. Indolence and a sedentary life must give way to exercise, and especially equitation, which is by far the best kind of exercise for the present purpose; and whatever will tend to promote an increased determination towards the surface, and a frequent glow on the skin, will prove a valuable auxiliary: for the skin itself becomes, in this affection, an outlet for the discharge of a redundancy of acid, as may be observed by the simple experiment of tying a piece of paper stained with litmus about the neck; which in even a state of common health will often be changed to a red colour, by the acid thrown off in the ordinary course of perspiration.

Of the mischievous effects of a luxurious diet, and the advantage of abstinence, M. Magendie has given a very striking example in the case of a merchant of one of the Hanseatic towns, who was habitually afflicted with the complaint before us. "In the year 1814, this gentleman," he tells us, "was possessed of a considerable fortune, lived in an appropriate style, and kept a very good table, of which he himself made no very sparing use. He was at this time troubled with the gravel. Some political measure unexpectedly took place, which caused him the loss of his whole fortune, and obliged him to take refuge in England, where he passed nearly a year in a state bordering upon extreme distress, which obliged him to submit to numberless privations; but his gravel disappeared. By degrees, he succeeded in re-establishing his affairs; he resumed his old habits, and the gravel very shortly began to return. A second reverse occasioned him once more the loss of all he had acquired. He went to France almost without the means of subsistence, when, his diet being in proportion to his exhausted resources, the gravel a second time vanished. Again his industry restored him to comfortable circumstances; again he indulged in the pleasures of the table, and had to pay the tax of his old complaint." †

* Nov. Nosol. Math. Syst., vol. ii. 259.

† Recherches Physiologiques et Médicales sur les Causes, les Symptoms, et le Traitement de la Gravelle, 8vo. Paris, 1818.

It may at first sight appear a singular fact, but the remarks just offered will tend to explain it, that mariners are rarely subject to stone or gravel. Upon this subject, Mr. Hutchinson has published a valuable article *, from which it appears, that out of ninety-six thousand six hundred and ninety-seven patients, admitted in the course of sixteen years into the three grand coast hospitals of Plymouth, Haslar, and Deal, not more than eight had laboured under either species of lithia. Whence it is inferred, that the occupation, diet, activity, and regimen of a maritime life are the best preservatives against all such affections: such as an animal aliment largely combined with the alkaline stimulus of muriate of soda; a farinaceous, for the most part, instead of any other vegetable diet; great exercise, and that free exhalation from the skin at night which is so well known to take place among sailors in the royal navy, in consequence of their being compelled to sleep closely together. † And, as the disease appears to be equally uncommon in tropical climates, we have here an easy explanation of the cause of its infrequency. In our own country, it appears from the tables of the Norwich hospital to be more frequent in Norfolk than in any other county of the same population.

It only remains to be observed that, during the paroxysm of pain produced by the passage of a calculus through the ureter, our chief object should be to allay the irritation and mitigate the distress. The warm bath is here a valuable remedy; friction on the loins, with rubefacient irritants combined with narcotics, often afford relief: but the present author has found most benefit from a flannel-swathe wrung out in hot water and folded about the loins; being suffered to remain there for hours wrapped round, to confine the moisture, with an outer swathe of calico or linen. If these do not answer, opium, and in free doses, must be had recourse to.

GEN. IV.
SPEC. I.
Lithia renalis.
Treatment.
Mariners rarely
subject to this
disease.
Explained.

Remedial process during the paroxysm of pain.

* Trans. of the Medico-Chirurg. Society, vol. ix.

† Here several other circumstances should be taken into the account, as explaining, perhaps more certainly, the rarity of calculi in the royal navy. First, the small number of children in it. Secondly, boys with any complaints about the urinary organs, would naturally not be sent to sea. Thirdly, the custom of discharging from the service all men above a certain age. Similar considerations will probably explain the rarity of stone cases in the army. According to the investigations of Dr. Prout, between puberty and the age of forty, there is less tendency to lithic acid deposit than at any other period of life. About forty, lithic acid is apt to be discharged; and about sixty, the urine sometimes becomes neutral, and the earthy phosphates are deposited. — Ed.

SPECIES II.
LITHIA VESICALIS.
STONE IN THE BLADDER.

FREQUENT DESIRE OF MAKING WATER, WITH A DIFFICULTY OF
DISCHARGE; PENIS RIGID, WITH ACUTE PAIN AT THE GLANS:
SONOROUS RESISTANCE TO THE SOUND WHEN SEARCHING THE
BLADDER.

GEN. IV.
SPEC. II.

Vesical stones
of a very com-
posite struc-
ture: consist-
ing of different
nuclei sur-
rounded with
an endless
variety of
materials.

Kidney cal-
culus the most
common nu-
cleus: and
sometimes com-
prises the
entire stone.

Materials
arranged by
Wollaston into
five divisions.

THE substances, vulgarly called stones in the bladder, are, for the most part, of a very composite structure. They originate from a nucleus, which may consist of any morbid or foreign material that can accidentally obtain an entrance and a lodgment in the bladder; the body of the calculus being formed out of such constituent parts of the urine as are most easily detached and attracted: which gradually encrust around it, and concrete into a mass, for the most part far too large to pass through the urethra.

The most common of these nuclei is a kidney calculus itself, and consequently a crystallised spherule or nodule of uric acid; and, when the acid is habitually in excess, the coating of the vesicular calculus may consist of this alone or chiefly: but, from the great variety of materials, as earths, alkalies, and other acids besides uric, and sometimes blood and mucus, which enter into the composition of the urine at this time, it is not often that a calculus of the bladder is a crystallisation of uric acid alone.

In the introductory remarks upon the present genus, we observed, that the different kinds of calculi discovered in the human bladder had been treated of by Dr. Wollaston, as far as they were then known, in a very masterly essay upon this subject, published in the Philosophical Transactions for the year 1797: he has since enumerated them as follows: —

1. Uric acid calculus.
2. Fusible, triple, or ammoniaco-magnesian phosphate.
3. Bone-earth calculus, or phosphate of lime.
4. Mulberry calculus, or oxalate of lime.
5. Cystic oxide.

The cystic oxide is not contained in the article above referred to, as not having been discovered at the time: but it has since been detected by the same excellent chemist, and named as above.

Other materials
sometimes
traced.

We have also observed that various other calculous masses have still more lately been ascertained by the analyses of other experimenters, and that the whole number, as arranged by Dr. Marcet, amounts, in the present day, to eleven or twelve. Their names we have already given, nor is it worth while, in a work devoted to practical medicine, to notice them any further, as they are rarely to be met with in comparison to the five arranged above, and, when met with, will not call for any essential difference in the mode of treatment.

In effect, they have been found equally different in composition, form, size, and colour; from the weight of half a drachm to that of several pounds; purple, jasper-hued, red, brown, crystalline, cineritious, versicoloured: in one or two instances covered with down*, apparently produced from the surface of the bladder, from which, as we have already had to observe, hairs are occasionally discharged with the urine.† They have also been found solid, perforated; hollow, compact, crumbling, glabrous, rough, and spinous‡, and, in a few instances, combined with iron.§

They seem sometimes to form very rapidly; and, when the patient has already discharged one or two, and the urethra has in consequence become more than ordinarily dilated, they occasionally pass off in great numbers in a short space of time. We have hence, in different professional journals and transactions, accounts of a hundred and twenty voided in the course of three days||; two thousand in the course of two years¶; and three hundred of a pretty large size within the same term.** The largest discharged in this manner, which has ever occurred to me in reading, weighed five ounces. Dr. Huxham describes one instance of such a fact††; and another is given in a distinguished foreign miscellany.‡‡ By females they have often been discharged of the weight of two ounces and a half; and my excellent friend Dr. Yelloly mentions a calculus of nearly three ounces and a half §§: in one case we are told of a stone, thus evacuated, that weighed twelve ounces. |||

But, when extracted by art, they have been found considerably larger, and occasionally of enormous size on dissection, when the patient has died without a removal of the calculus. "The largest stone," observes Sir Astley Cooper, "which I have successfully extracted, weighed near six ounces. At the Norfolk and Norwich Hospital there is one of eight ounces. Mr. Mayo of Winchester removed one, in fractured portions, of fifteen ounces. I have one in my possession which I extracted, but not successfully, weighing sixteen ounces. We have a morsel of a stone, given to the collection by Mr. Foster, which, I understand, was twenty-nine ounces in weight. One in Trinity College Library, at Cambridge, weighs thirty-two ounces and seven drachms. But the largest stone which has ever been found in the human body is that given to the College of Surgeons by Sir James Earle: this weighed forty-four ounces."¶¶ When their size is small, there is often a numerous aggregation. The same distinguished surgeon tells us, that he once extracted nine at a time; once thirty-seven; and once not fewer than a hundred and forty-two; some of which were as large as marbles.

GEN. IV.
SPEC. II.
Lithia vesicalis.

Hence calculi of all forms, sizes, and colours, sometimes covered with down:

Sometimes intermixed with iron.

Are sometimes produced very rapidly, and discharged in great numbers. Exemplified.

Their occasional large size.

* Blegny, Zodiac., ann. iv. Febr. obs. 4.

† Gen. III. Spec. v. part. in cont.

‡ Bartholin. Act. Hafn., tom. ii. obs. 85.

§ Act. Erudit., Leips. 1627, p. 332. Dotæus, Ep. ad Waldschmidt., p. 253.

|| Eph. Nat. Cur., Dec. III. ann. v. vi. p. 99.

¶ Gründlicher Bericht, von Blatterstein.

** Hildan. Fabric., cent. I. obs. 89.

†† Huxh., vol. iii. p. 42.

‡‡ Sammlung. Med. Wahrnehmung., b. viii. p. 258.

§§ Trans. of the Medico-Chir. Society, vol. vi.

|| Eph. Nat. Cur., Dec. II. ann. v. obs. 71.

¶¶ Lectures, &c. vol. ii. p. 232. 8vo. 1825.

GEN. IV.

SPEC. II.

Lithia vesicalis.

Chemical character of uric calculus.

Chemical character of fusible calculus.

Chemical character of bone-earth calculus.

Chemical character of mulberry calculus.

Chemical character of cystic calculus.

Formation of the body of a calculus illustrated.

Ordinary causes of renal calculi those of vesical: but other causes exist dependent upon the state of the bladder.

The general character of the URIC CALCULUS has been given already. Its texture, when formed in the bladder, is commonly laminated; and, when cut into halves, a distinct nucleus of uric acid is almost always perceptible. Its exterior is generally smoother than that of other calculi, except the calculus of bone-earth, or phosphate of lime.*

The appearance of the second, or FUSIBLE CALCULUS, is generally white, and often resembles chalk in its texture. Strongly heated before the blow-pipe this substance evolves ammonia, and readily fuses; whence the name assigned to it. It often breaks into layers, and exhibits a glittering appearance when broken.

The third division, consisting of the BONE-EARTH CALCULUS, or phosphate of lime, unmixed with any other substance, has a pale-brown smooth surface; and when sawn through is found of a laminated texture, and easily separates into concentric crusts. This calculus is peculiarly difficult of fusion.

The fourth division, embracing the MULBERRY CALCULUS, or oxalate of lime, is of a rough and tuberculated exterior, and of a deep reddish brown or mulberry colour, probably produced by a mixture of blood that has escaped from some lacerated vessel, whence the name assigned to it. The nucleus is generally oxalic, and of renal origin; but it is sometimes uric. It is also frequently enveloped by the fusible calculus.

The fifth, or CYSTIC CALCULUS, has a crystalline appearance, but of a peculiar greasy lustre, and is somewhat tough when cut. Its colour is a pale fawn, bordering upon straw-yellow. It is very rare.

Such are the calculi which are principally found in the bladder; and we may readily conceive with what facility they are formed there, when an accidental tendency is given to their formation by a lodgment of any thing that may serve as a nucleus, by noticing the deposits of phosphates of lime and other materials that are perpetually encrusting every substance over which a current of urine is frequently passing; as the public drains in our streets, which are daily exhibiting them in regular crystals.

The ordinary causes of renal calculi are necessarily those of vesical calculi, but any local injury or infirmity, which prevents the urine from passing off freely from the bladder, accelerates their formation and enlargement, not only by the confinement it causes, but by the decomposition which rest soon produces, in which case it becomes ammoniacal, and a larger portion of the phosphates will be precipitated. And hence, an obstruction in the urethra of any kind, but particularly a diseased prostate, becomes a frequent auxiliary, and sometimes even a primary cause of the formation of a stone, without any mischief in the kidneys, or any disordered secretion of urine.† “The bladder,” says Sir Everard Home, “never being completely emptied, the dregs of urine, if I may be allowed the expression, being never evacuated, a calculus, formed on a nucleus of the ammoniaco-magnesian phosphate and mucus, is produced, when it would not have been produced under other circumstances. This species of stone, or a stone upon such a nucleus, can only be produced where the bladder is unable to

* Brande's Journal, vol. viii. p. 207.

† Ibid., p. 210.

empty itself. It may, therefore, be arranged among the consequences of the enlargement of the middle lobe of the prostate gland." *

It does not appear from the experiments or observations of Dr. Marcet, that a difference in the waters of different places is much, if at all, concerned in the production of calculous disorders: nor have we any satisfactory evidence of their being more prevalent in colder countries than in others, notwithstanding the general opinion that they are so. But we are yet in want of sufficient data upon this subject to speak with much decision.

As the disease of stone in the bladder is very generally a sequel of calculi in the kidneys, the symptoms indicative of the preceding species form, in most instances, the first symptoms of the present. Yet occasionally, from causes we have just pointed out, the concretion commences in the bladder, and the symptoms of an affected kidney are not experienced. One of the first signs of a stone in the bladder is an uneasy sensation at the point of the urethra, occurring in conjunction with a discharge of urine that deposits red or white sand, or after having occasionally voided small calculi or fragments of a larger. This pain is sympathetic, and proceeds from the irritation of the prostate or the neck of the bladder, agreeably to a law of nature we have often found it necessary to recur to, which ordains that the extremities of nerves which enter into the fabric of an organ, and particularly of mucous canals, should possess a keener reciprocity of feeling than any intermediate part, and consequently participate with more acuteness in any diseased action. This uneasy sensation at the point of the urethra is at first only perceived on using any violent or jolting exercise; or in a frequent desire to make water, which is often voided by drops or in small quantities; or, if in a stream, the current stops suddenly, while the patient is still conscious that the bladder is not fully emptied, and has still an inclination to evacuate more, but without a power of doing so. As the stone increases in size, there is also a dull pain about the neck of the bladder, the rectum partakes of the irritation, and produces a troublesome tenesmus, or frequent desire to go to stool. When the pain is trifling, the urine is often limpid, as the saline or earthy materials from their confinement in the bladder arrange themselves around the growing calculus, and enlarge it by a new coating; but when the irritation is considerable, there is often a mucous sediment in the water, and sometimes a discoloration from blood. The region of uneasiness extends its boundary, the stomach participates in the disquiet, sleepless nights ensue, with pyrexia, anxiety, and dejection of spirits: all which symptoms are increased by exercise of every kind, and particularly by equitation. Several of these signs may indicate a primary disease of the prostate or neck of the bladder, but the occasional discharge of calculous fragments, or deposit of urine loaded with uric acid, or phosphate of lime, is sufficiently pathognomonic. It is usual, however, in all such cases, to examine the bladder with a sound, which commonly puts the question beyond all dispute: though, if the calculus be lodged in a peculiar sac or the fasciculi of the bladder, or lurk behind some

GEN. IV.

SPEC. II.

Lithia vesicalis.

Difference of waters in different places does not seem to be a cause.

Symptoms of renal calculi the harbingers of vesical.

Progress of the disease.

Pain at the point of the urethra.

Cause explained.

Urine voided in drops or interruptedly.

Tenesmus.

Urine sometimes limpid; sometimes turbid.

How distinguishable from a primary disease of the prostate gland.

* On the Diseases of the Prostate Gland, vol. i. p. 40.

GEN. IV.
SPEC. II.
Lithia vesicalis.
Stone not always discoverable by the sound.
Treatment, palliative and radical.
Palliative treatment of two kinds.
Plan remedial of the symptoms.
Sometimes the disease but little troublesome ; as when the bladder has little irritability ; or the stone has lodged in a pouch.
Singular examples of such lodgments.

morbid enlargement of the prostate gland, the sound may not detect it, and the experimenter may deceive himself and the patient in respect to the nature of the disease.

The treatment of this malady offers two indications, a palliative and a radical.

The palliative may be applied to relieve the actual symptoms, and to prevent a further enlargement of the calculus.

The symptoms vary greatly in different cases : partly, indeed, from the size of the calculus itself, but quite as much from the constitutional irritability of the bladder and the particular quarter of it in which it is seated. In a few persons, the bladder has possessed so little morbid excitement, that stones of considerable magnitude have been found in this organ after death, without having produced any very serious inconvenience during life. If the calculus be immediately seated on the neck of the bladder, it is, however, almost impossible for the most impassive not to suffer severely at times. But the stone has sometimes found a fortunate lodgment between the muscular fascicles of the bladder, where it has become imbedded as in a pouch, and a train of morbid symptoms, which have antecedently shown themselves, have gradually disappeared in proportion as this change has been effected.

Mr. Nourse showed to the Royal Society the bladder of a man, in which not less than six sacs or bags were in this manner produced by a protrusion of the internal coat of the bladder through the muscular, and which contained altogether nine stones.* The stones are sometimes fixed so firmly, that it is impossible to separate them by the forceps in performing the operation of lithotomy, without tearing the bladder or cutting one side of the sac ; which last method M. Garangeot informs us he once tried with success. In several other cases, however, that he has described, the vessels of the bladder had spread luxuriantly over the stone, and apparently grown into it ; and the extraction was followed by a mortal hemorrhage.† Generally speaking, calculi, when seated in pouches of this kind, continue without much disturbance for years, and sometimes for the whole of a man's natural life, of which Dr. Marcet has given various striking examples in his treatise.

Art cannot scoop out such convenient receptacles, but it may do something to allay the irritability of the bladder when severely excited, and in this manner palliate the distressing pain that is often endured. This may frequently be accomplished by the warm bath ; by rubefacients impregnated with opium applied to the region of the pubes, and in the course of the perinæum ; by cooling aperients and a steady use of sedatives, particularly of conium, and the carbonate of soda, which last seems to have a peculiar influence in diminishing the irritability of the organ. If these do not answer, we must have recourse to opium, which will often succeed best, and with least inconvenience to the constitution, if introduced into the anus in the form of a suppository.

Our next intention should be to prevent, as far as possible, an augmentation of the calculus already existing in the bladder.

How far art may imitate any of these means.
Irritability to be taken off.

Plan for preventing the enlargement of the calculus.

* Mem., 462. sect. 3.

† Mém de l'Acad. de Chirurg.; tom. i.

In order to accomplish this, it will be necessary to inform ourselves of its chemical constituents, for otherwise any method we may propose will probably do harm. From the remarks already made, it is obvious, that the chief constituent principles of the calculi in the bladder, like those in the kidneys, are uric acid and bone-earth or phosphate of lime. If the former predominate, the urine will often throw down a precipitate or incrustation of red sand; if the latter, of white sand: and, in the former case, as there is an excess of uric acid, our remedial forces must be derived from the alkalies and alkaline preparations to which we have already adverted under the preceding species: in the latter case, as there is, in all probability, a deficiency of acid, we must have recourse to an opposite mode of treatment, and employ the mineral and vegetable acids, with a diet chiefly composed of vegetables, as recommended above under renal calculus.

But the calculus may consist of both, for it may exhibit, and often does, a nucleus of crystallised uric acid with laminæ of phosphate of lime, magnesia, or some other substance: or, by carrying either of the above processes to an extreme, we may convert one morbid action into another. For if, by the use of alkalies, we diminish too much the secretion of uric acid, we may let loose the calcareous earth, which, in a healthy proportion, it always holds in solution, and hereby increase the vesical calculus by supplying it with this material; while, on the contrary, by an undue use of acids, when these are required to a certain extent, we may obtain a secretion of uric acid in a morbid excess, and augment the stone in the bladder by a crystallisation of an opposite kind. Hence a very considerable degree of skill and caution is requisite in the mode of treatment, and the character of the urine should be watched perpetually. Nor, when the calculus is of a still more composite kind, can either of these plans be attended with all the success they seem to ensure, so that the augmentation will sometimes be found to proceed, in spite of the best directed efforts.

From the success that has attended the use of the *colchicum autumnale* in many cases of gout, and the tendency there is in many cases of this disease to form calculi in the joints, Mr. Brande has ingeniously thrown out the idea of trying the virtue of the colchicum in the disease before us, and hints that he has received from one quarter a very flattering account of its success, though not sufficiently precise for publication. If the reasoning pursued in examining the powers and effects of the colchicum in that part of the present work which is allotted to the history of gout be correct, we can have little hope of any permanent advantage from its use in respect to the lithic concretions before us.

There is something perhaps more plausible in the remedial regimen proposed by M. Magendie, who, on reflecting that azote is an essential constituent of urea and uric acid, advises that the patient be confined to food that possesses no sensible portion of azote, as sugar, gum, olive-oil, butter, and a vegetable diet generally*: thus treating it with a dietetic course directly the re-

GEN. IV.

SPEC. II.

Lithia vesicalis.

Its chemical character must be first known by the precipitate or crystallisation of the urine.

Where alkalies may be useful; where acids.

The calculus may be complicated of both: hence great caution necessary as well as skill.

Colchicum autumnale:

why not likely to be useful.

Azotic regimen of Magendie.

* Recherches Physiologiques et Médicales, &c. ut suprâ.

GEN. IV.

SPEC. II.

Lithia vesicalis.
Treatment.

Soundness of
urine generally
connected with
soundness of
stomach and
adjoining
organs.

Hence tonics
of use: parti-
cularly bitters.

Solution of
stone in the
bladder imprac-
ticable, and
why.

Other difficul-
ties to be en-
countered.

verse of what is now generally proposed for *paruria mellita*, or diabetes.*

From the whole that has been advanced, not only under the present genus, but also under much of the preceding, it is obvious that the soundness of the urine keeps pace, in a considerable degree, with the soundness of the stomach and its auxiliary organs, and is dependent upon them: and hence, in calculous concretions of every kind, it is of the utmost importance that the chylofacient viscera, and the whole course of the intestinal canal, should be kept in as healthy a state as possible.

Astringents and bitters offer to us the best remedies for this purpose. From the supposed absorbent power of the former, Dr. Cullen, as we have already seen, ascribes to them much of the peculiar benefit resulting from the use of alkalies and magnesia, independently of their decided virtue as a tonic: nor ought we, while upon this subject, to overlook the advantage which, in calculi of uric acid at least, the same distinguished writer asserts that he derived from the use of soap, which he ascribes entirely to its correcting acidity in the stomach †; thus acting the same part as magnesia, and in many cases with greater potency.

If such be the difficulty of preventing a calculus already formed in the bladder from enlarging, we may readily see how hopeless must be every attempt at dissolving the matter that has already become crystallised or concremented. Calculi of uric acid will dissolve in caustic alkalies, but in no alkalies of less power; nor can those of the phosphates be acted upon by acids of any kind, except in a state far too concentrated for medical use. "These considerations," says Mr. Brande, "independently of more urgent reasons, show the futility of attempting the solution of a stone of the bladder by the injection of acid and alkaline solutions. In respect to the alkalies, if sufficiently strong to act upon the uric crust of the calculus, they would certainly injure the coats of the bladder; they would also become inactive by combination with the acids of the urine, and they would form a dangerous precipitate from the same cause. The acids, even when very largely diluted, and qualified with opium, always excite great irritation. They cannot, therefore, be applied strong enough to dissolve any appreciable portion of the stone, and the uric nucleus always remains as an ultimate obstacle to success." ‡ The greatest impediment of all, however, consists in the difficulty of ascertaining the nature of the surface of the stone that is to be acted upon, and the diversity of substances of which its various laminæ very frequently consist; insomuch that, had we glasses that could give us an insight into the bladder, and unfold to us the nature of the first layer, and

* In the lithic acid diathesis, Dr. Prout recommends alkaline remedies, or neutral salts, containing a vegetable acid, assisted with alteratives and purgatives. In the oxalate of lime diathesis, he has seen benefit follow the attempt to change it into the lithic acid diathesis by exhibiting muriatic acid. In the phosphatic diathesis, he has recourse to the free use of opium, and when the distressing symptoms are relieved, he prescribes the mineral acids, cinchona, uva ursi, and different preparations of iron and other tonics, joined with opium. Alkalies, and salts of vegetable acids, and mercury, he recommends to be avoided; and he deems animal diet preferable to acescent food. — Ed.

† Mat. Med., part II. chap. x. p. 402.

‡ Journal, vol. viii. p. 215.

could we even remove this superficial crust by a solvent of one kind, we should be perpetually meeting with other crusts that would require other lithontriptics; while the very means we employ to dissolve them, by decomposing the principles of the urine, would build up fresh layers more rapidly than we could hope to destroy those already concreted.

In truth, if we examine the most famous lithontriptics that have had their day, we shall find, that by far the greater number of them were calculated to deceive either their own inventors, or the public, by a palliative rather than a solvent power. Some of them were oleaginous or mucilaginous; others, that contained a considerable portion of alkali, contained also some narcotic preparation: while a third sort seem to have acted by a diluent power alone, in consequence of being taken into the stomach or injected into the bladder in a very large quantity; and by these means all had a tendency to appease the irritation. Even Mrs. Stephens's rude and operose preparations, which exercised so much of the analytical skill of Dr. Hales, and Dr. Hartley, and Dr. Lobb, and Dr. Jurin, and many other celebrated characters of their day, were combined with opium when the patient was in pain, and with aperients when he was costive; and through their entire use, with an abstinence from port wines and other fermented liquors, salt meats, and heating condiments, and with rest and a reclined position instead of exercise: and with these auxiliaries, there is no great difficulty in supposing she might often succeed in allaying a painful fit of stone or irritation of the bladder, whatever may be the talismanic virtue of her egg-shells, and pounded snails, and best Alicant soap, and cresses, and burdock, and parsley, and fennel, and hips and haws, and the twenty or thirty other materials that held a seat in the general council. *

How far filling the bladder with sedative or demulcent injections may succeed in diminishing irritation and alleviating pain, has not perhaps been sufficiently tried; but from the supposed success of many of the old lithontriptics employed in this way, and whose virtue can be ascribed to no other cause, it is a practice worth adventuring upon in the present age of physiological experiments. When, however, there is much disease of the prostate or bulb of the urethra, the attempt should be desisted from, but whenever the sound can enter without much pain, we need not be afraid of increasing the irritation. This operation is of very ancient date, and of equally extensive range, as appears from a brief account, published in a professional journal of considerable merit, of the manner in which it is performed, in the present era, and has been from time immemorial, in the dominions of Muscat, beyond the mountains of Sohair, in Arabia. The instrument employed is a catheter of gold made long enough to pass directly into the bladder, so as to avoid injuring any part of the urethra with such solvent as might be had recourse to. The usual form, it appears, — and I notice it for the purpose of confirming the remark I have made upon the nature of such lithontriptics as have been most in vogue in every age, — consists of a weak ley of alkali or alkaline ashes, united with a certain proportion of mutton suet and opium. †

GEN. IV.
SPEC. II.
Lithia vesicalis.
Treatment.

The most celebrated lithontriptics compounded of demulcents and sedatives as well as caustics, and hence proved palliative, and were supposed to dissolve the stone.

These properties apply to Stephens's medicines.

Sedative and demulcent injections.

Such experiments of very ancient date: and still practised in Arabia.

Usual injection employed there.

* See a full account of them in Edin. Med. Essays, vol. v. part II. art. LXIX.

† Edin. Med. Comm., vol. iii. p. 334.

GEN. IV.
SPEC. II.
Lithia vesicalis.
Treatment.

Galvanic fluid
tried.

Extraction of
the stone.
How far this
may be accom-
plished by
dilating the
urethra.
Has sometimes
succeeded in
women.

Dilating in-
strument of
Sir Astley
Cooper.

Civiale's com-
minuting
machine.

Lithotripsy and
lithotripsy.

And when we are gravely told, that this preparation never fails to *dissolve* the stone, we are at no loss to settle the account upon this subject, and can trace the real cause of whatever degree of ease that may have been derived from such an injection, and can allow that even the alkali itself, if not in too concentrated a state, may have been of occasional advantage. MM. Prevost and Dumas have since tried an application of the galvanic fluid, for the same purpose, but, it does not appear, with a success that is likely to render such an attempt popular.

When, however, all these means of relief fail, and the general health is worn out by a long succession of pain and anxiety, nothing remains but the operation of extraction. The shortness and expansibility of the urethra in women, which allows, as we have already seen, a passage for calculi of a considerable calibre to pass naturally, has suggested an idea of the possibility of introducing a stone-forceps into the female bladder, so as to supply the place of lithotomy. The first hint of this kind that has occurred to me, is to be found in the *Gallicinium Medico-practicum* of Gockel, published at Ulm in 1700. It was afterwards taken up, perhaps originally started, by Mr. Bromfield, who ingeniously advised that the urethra should, for this purpose, be dilated by forcing water through the gut of a fowl introduced into the urethra as an expansile cannula. Mr. Thomas has since, by the use of a sponge-tent gradually enlarged for the purpose, succeeded in introducing his finger into the bladder, and bringing away an ivory earpick which had been incautiously used as a catheter, and had slipped into the cavity of this organ *: and Sir Astley Cooper has still more lately devised an instrument, that by a gradually enlarging pressure, by means of its opening blades, will accomplish the same object in a single night, or even a few hours, and has rendered an extraction of calculi from the female bladder a comparatively simple and easy operation, attended indeed with little inconvenience.

M. Civiale has taken advantage of this wonderful power of dilatation in the urethra, and has endeavoured to avail himself of it in males as well as in females; not, indeed, with a view of bringing away a calculus of any considerable size through the male urethra in an *entire* state, but by grinding, or, as we should now perhaps call it, *macadamizing*, the stone into granules so fine as to pass without difficulty. The instrument is highly ingenious, whatever becomes of its general success, and this plan has justly obtained a panegyric from MM. Chaussier and Percy, appointed as a committee to examine into its pretensions by the Royal Academy of Sciences. It consists of a *straight* and hollow cylinder, of a diameter as large as the urethra can be made to admit; through this tube, when it has entered the bladder, is introduced another instrument made of steel, and consisting of three elastic and curved claws, capable of seizing and fixing the stone when projected. It consists, also, besides such pincers, of a stilet of the same metal, at the extremity of which is a circular saw, which can be worked upon the stone, and abrade it till it is entirely comminuted, without injuring the bladder. It has already been

* Trans. of the Medico-Chir. Society, vol. i. p. 124.

tried on the dead, and in a few instances on the living body : but its general success is still doubtful. " Yet," observe the committee, " notwithstanding its inefficacy in some cases, and the difficulty of its application in others, it cannot fail to form an epoch in the annals of the healing art, nor to be regarded as one of its most ingenious and precious resources." Some such machine seems to have been suggested by one or two individuals antecedently, but Dr. Civiale is unquestionably the first who has produced and made trial of it.

This, however, is a method that can never be applied to males*, nor even successfully to females, except when the calculus is comparatively of small dimensions, or the meatus is so far dilated by the passage of former calculi as to render it unnecessary. In all other cases, lithotomy offers the only mean of removing the indissoluble stone from the bladder; and for the various modes in which this is performed, the reader must consult the writers on practical surgery.

Calculi, thus extracted, have been found of all weights and bulks. A stone from a quarter of an ounce to half an ounce may, perhaps, be regarded as the ordinary average : but they have sometimes grown to a much larger size, and have still been safely extracted. The largest for which lithotomy seems at any time to have been undertaken in this country, weighed forty-four ounces, and was sixteen inches in length. The operation was attempted by Mr. Cline†, but the stone could not be brought away, and the patient died in a few days.‡ In a foreign journal of high reputation, we have an account of a calculus found in the bladder after death, that weighed four pounds and a half, or seventy-two ounces, and seems to have filled nearly the whole of its cavity.§

* Were this a treatise on surgery, the editor would here not only have corrected this part of the author's text, but have paid a tribute of praise to the several individuals by whom lithotritry and lithotripsy have been brought to their present state of efficiency, and this more especially in relation to male subjects, to which Dr. Good pronounces them unadapted, though it is for them alone they are principally of value, the female urethra being so short and dilatable, that calculi may generally be removed without any necessity for lithotomy. The dexterity of Baron Heurteloup, and the great ingenuity and power of his instruments in these operations, the editor has witnessed on several occasions; and an opportunity of making a similar observation was kindly afforded, at the editor's request, by the Baron, last winter, to the whole of the surgical class of the London University, when he gave a full account of the instruments, and demonstrated their use on a patient brought into the theatre for the purpose. By these remarks the editor would not have it supposed, however, that he means to ascribe all the merit of bringing these operations to their modern state of improvement to any one individual; and, in addition to the names of Civiale and Heurteloup, those of Le Roy d'Etiolle, Costello, and others, are entitled to be mentioned with commendation. — ED.

† On Sir David Ogilvie.

‡ Phil. Trans., year 1809. By Sir James Earle presented to the College of Surgeons.

§ Bresl. Sammlung, band ii. 1724, 434. 11.

GEN. IV.
SPEC. II.
Lithia vesicalis.
Treatment.

Lithotomy.

Enormous
weight of
calculi in
some cases.

CLASS VI.
ECCRITICA.

ORDER III.
ACROTICA.

*DISEASES AFFECTING THE EXTERNAL
SURFACE.*

PRAVITY OF THE FLUIDS OR EMUNCTORIES THAT OPEN ON
THE EXTERNAL SURFACE; WITHOUT FEVER, OR OTHER IN-
TERNAL AFFECTION, AS A NECESSARY ACCOMPANIMENT.

CLASS VI.
ORDER III.

Origin of
ordinal term.
Excretories of
the skin, their
extensive use ;

and sympathy
with other
organs :
the fluids they
contain hence
constantly
affected.

Their mouths
affected by
external
abrasion.

ACROTICA is a Greek term, from *ἄκρος*, “summus,” whence *ἀκρότης, ἦτος*, “summitas,” “cacumen.” The excretories of the skin form a most important outlet of the system, and although the fluid they secrete is, in a state of health, less complicated than that of the kidneys, under a variety of circumstances it becomes more so. It is to this quarter that all the deleterious or poisonous matter, produced by eruptive fevers, is directed by the remedial power of nature, as that in which it can be thrown off with least evil to the constitution.* By the close sympathy which the surface of the body holds with the stomach, the heart, the lungs, and the kidneys, its excretories are almost perpetually varying in their action, and still more so from their direct exposure to the changeable state of the atmosphere: in consequence of which they are one moment chilled, torpid, and collapsed, and perhaps the next violently excited and irritated; now dry and contracted; now relaxed, and streaming with moisture; now secreting their natural fluid alone; and now charged with extraneous matter of various kinds.

But the mouths of the cutaneous exhalents are in their own nature peculiarly delicate and tender; and hence the necessity of their being covered by the epithelium of a fine cuticle, which defends them in a considerable degree from the rudeness of

* Whether any deleterious matter is actually thrown off in this manner, is a doctrine that will probably not be satisfactory to many good pathologists. It is the particular character of certain diseases to produce, amongst other effects, increased perspiration, spots, efflorescences, and various kinds of eruptions, as they are commonly termed; yet there is no proof that these affections constitute so many modes for the passage of deleterious matter out of the system. To the editor this language appears only allowable in a figurative sense. — ED.

external impressions or irritants with which the air is impregnated.* This defence, however, they frequently lose; often from external violence, and often, also, from the acrimony or roughness of the materials that are thus transmitted to them, and which excoriate as effectually as friction, a keen frosty north-east wind, or the direct rays of a tropical sun. And at times the absorbents of the skin are torpid or weak in their action; and the finer parts only of the fluids that are secreted are imbibed and carried off, while the grosser parts remain and accumulate in the cutaneous follicles. And hence a great variety of superficial eruptions, papulous, pustulous, and ichorous, squammose, or furfuraceous. And, not unfrequently, there is a constitutional irritability of the skin, which not only renders it peculiarly liable to be excited by slight causes in every part, but to sympathise in the morbid action through its whole extent, in whatever part it may commence: and hence the spread of eruptions to a greater or less extent, sometimes, indeed, over the entire surface. A knowledge of this fact is of great importance, for we can often avail ourselves of it in the treatment of constitutional or organic affections of considerable severity or danger; and, by exciting a temporary irritation on the skin, mitigate or entirely subdue the original malady. All the benefits, derived from the eruptions produced by the tartar-emetic ointment†, blisters, sinapisms, and the entire host of counter-irritants, as applied to the surface, are dependent upon this extensive and important principle in pathology.

From these sources of affection, a variety of complaints must necessarily take their rise, none of them perhaps fatal to life, but many of them peculiarly troublesome and obstinate. They may be arranged under the following genera:—

I. EPHIDROSIS.	MORBID SWEAT.
II. EXANTHESIS.	CUTANEOUS BLUSH.
III. EXORMIA.	PAPULOUS SKIN.
IV. LEPIDOSIS.	SCALE SKIN.
V. ECPHLYSIS.	BLAINS.
VI. ECPYESIS.	SCALL. TETTER.
VII. MALIS.	CUTANEOUS VERMINATION.
VIII. ECPHYMA.	CUTANEOUS EXCRESCENCE.
IX. TRICHOSIS.	MORBID HAIR.
X. EPICHRYSIS.	MACULAR SKIN.

Most of these genera contain numerous species, many of which, though by no means all, form a part of Dr. Willan's arrangement, and have been described by himself or my late excellent friend Dr. Bateman, of whose labours I shall avail myself, as far as they may answer the present purpose. By Professor Frank they have been marshalled under the term IMPETIGINES, employed, but with a latitude never assigned it before, as the name of a class, divided into the two orders of MACULOSÆ and DEPASCENTES.

CLASS VI.
ORDER III.
Acrotica.

Sometimes by torpitude.

Sometimes peculiarly irritable.

Sometimes sympathise with remote morbid actions.

This an important doctrine.

And often capable of being acted upon with great advantage.

Hence a great variety of distinct complaints.

Impetigines of Frank an entire class.

* Lectures on the general Structure of the Human Body, and on the Anatomy and Functions of the Skin, &c. By Thomas Chevalier, F.R.S., &c. Lect. vi. vii. Lond. 1823.

† Letter to C. H. Parry, M.D. F.R.S., on the Influence of Artificial Eruptions in certain Diseases, &c. By Edward Jenner, Esq. M.D. 4to. Lond. 1822.

GENUS I.

EPHIDROSIS.

MORBID SWEAT.

PRETERNATURAL SECRETION OF CUTANEOUS PERSPIRATION.

GEN. I.

Matter of sweat and perspiration nearly the same.

Whether there be persons who never perspire.

All warm-blooded animals perspire, or have some vicarious discharge.

Instanced in the dog kind.

Cutaneous exudation of lizards.

Cold-blooded animals secrete but a small quantity of fluid.

Those who perspire little, need but little supply of food.

Proportion of insensible perspiration to the food.

Sometimes secreted in excess, and hence the present genus.

EPHIDROSIS (ἐφιδρωσις) is a Greek term for “sudor.” The matter of sweat and that of insensible perspiration are nearly the same; the former consisting of the latter with a small intermixture of animal oil. It is affirmed by some writers, that there are persons who never perspire. This demands ample proof; for experience teaches us, that all warm-blooded animals either perspire by the skin, or have some vicarious evacuation that supplies its place, as in the case of the dog kind, in which an increased discharge of saliva seems to answer the purpose; though in violent agony, I have known a Newfoundland dog thrown into a sweat that has drenched the whole of his thick and wavy hair. In cold-blooded animals, we sometimes find partial secretions, as in the lizards, the exudation from some of which, particularly the *lacerta geitja* of the Cape of Good Hope, is highly acrid; and, as it touches the hands and feet of men, occasionally produces dangerous gangrenes. Generally speaking, however, cold-blooded animals secrete but a small quantity of fluid from the surface, and consequently suffer but little exhaustion or diminution of weight, and can live long without nourishment: and it is hence probable that, among mankind, those who throw off but a small quantity of halitus, may exist upon a very spare supply of food; which may afford a solution to many of the wonderful stories of fasting persons, most of whom seem to have passed sedentary and inactive lives, recorded in the scientific journals of different countries, a subject we have already discussed*: for the matter of insensible perspiration is calculated, upon an average, as being daily equal in weight to half the food introduced into the stomach in the course of the day. Thus if a man of good health and middle age, weighing about 146lbs. avoirdupois, eat and drink at the rate of fifty-six ounces in twenty-four hours, he will commonly be found to lose about twenty-eight ounces within the same period by insensible perspiration: sixteen ounces during the two-thirds of this period allotted to wakefulness, and twelve ounces during the remaining third allotted to sleep.

It sometimes happens that this evacuation is secreted in excess, and becomes sensible, so as to render the whole, or various parts of the body, and especially the palms of the hands, covered with moisture, without any misaffection of the system. It is to this species that the term ephidrosis has been usually applied and limited by nosologists. Sauvages, however, has employed it in a wider signification, so as to include various other species, and perhaps

* Vol. i. Cl. I. Ord. I. *Limosis expers*, p. 109.

correctly; though Cullen inclines to regard all but the first as merely symptomatic of some other complaint.

GEN. I.
Ephidrosis.

The following appear to be those which are chiefly entitled to a specific rank:—

1.	EPHIDROSIS PROFUSA.	PROFUSE SWEAT.
2.	———— CRUENTA.	BLOODY SWEAT.
3.	———— PARTIALIS.	PARTIAL SWEAT.
4.	———— DISCOLOR.	COLOURED SWEAT.
5.	———— OLENS.	SCENTED SWEAT.
6.	———— ARENOSA.	SANDY SWEAT.

SPECIES I.

EPHIDROSIS PROFUSA.

PROFUSE SWEAT.

CUTANEOUS PERSPIRATION SECRETED PROFUSELY.

THIS is commonly a result of relaxed fibres: the mouths of the cutaneous exhalents being too loose and patulous*, and the perspirable fluid flowing forth copiously and rapidly upon very slight exertions, sometimes without any exertion at all; as we have already seen the urine flows in *paruria aquosa*, and the serum in various species of dropsy. It is the hyperhydrosis of Swediaur.

GEN. I.
SPEC. I.
Pathology.
In relaxed frames, sweating produced by slight exertions.

There is here, generally speaking, less solution of animal oil, than in perspiration produced by exercise or hard labour†: but from the drain that is perpetually taking place, no animal oil accumulates, and the frame is usually slender. Corpulent persons also perspire much, but this is altogether from a different cause, being that of the weight they have to carry, and the labour with which breathing and every other function are performed, in consequence of the general oppression of the system. Here also an extenuation of the frame would soon follow, but that, from the peculiar diathesis which so readily predisposes to the formation of fat, the supply is always equal to, and for the most part continues to exceed the waste, unless a more than ordinary course of exertion be engaged in.

Why copious in corpulent persons.

In persons of relaxed fibres, but whose general health is sound, I have frequently perceived that there is no particular liability to catch cold, notwithstanding this tendency to perspiration, and have

Those who perspire much, not always peculiarly liable to catch cold, and why.

* This hypothesis of increased secretion being dependent on too relaxed a state of the secernent or excretory vessels, is rather a favourite one with our author, as appears from various passages in his work. Is it, however, sound pathology? Probably not; for, if we were to suppose, in the present instance, the cutaneous exhalents preternaturally relaxed and open, the profuse secretion of perspiration would still require for its explanation an increased action of the cutaneous vessels and glands from which it is derived. The expression, "relaxed fibres," made use of in the text, can be understood as meaning nothing more than a debilitated habit. In this sense, there may be some truth in it; but if it were to be received in its literal meaning, it would be liable to criticism. — ED.

† Büchner, Diss. de Sudore Colliquativo. Hal. 1757.

GEN. I.

SPEC. I.

Ephidrosis
profusa.The diathesis
often pertinacious, and
changed with
difficulty.Medical
treatment.

very often seen it suddenly checked without any evil: such is the wonderful effect of an established habit. But the moment the general health suffers, or the system becomes seriously weakened by its continuance, the sweat is apt to become colliquative, and to terminate in a decline. *

Tulpius gives a case of its continuing for seven years.† As-tringents of all kinds have been tried, but with variable effects. Dr. Percival relied chiefly on bark; De Haen employed the white agaric‡, and in the Journal de Médecine §, the same medicine is recommended, under the name of *fungus laricis*; it is the *boletus laricis* of the present day. It was given in the form of troches and pills. Cold sea-bathing, and the mineral acids, with temperate exercise, light animal food, and the use of a hair mattress, instead of a down bed at night, have proved successful on many occasions, and form the best plan.

SPECIES II.

EPHIDROSIS CRUENTA.

BLOODY SWEAT.

CUTANEOUS PERSPIRATION INTERMIXED WITH BLOOD.

GEN. I.

SPEC. II.

This species
hitherto rarely
described.Pathological
explanation.

THIS species has not been very commonly described by nosologists; but the cases of idiopathic affection are so numerous and so clearly marked by other writers, that it ought not to be passed over. ||

We have noticed a sympathetic and vicarious affection of this kind under the genus MISMENSTRUATION, and have there observed, that the cutaneous exhalents, in such instances, become enlarged in their diameter, and suffer red blood, or a fluid of the appearance of red blood, to pass through them. In cases of extreme debility from other causes, as in the last and fatal stage of atonic fevers, or in sea or land scurvy ¶, blood has been known to flow from the

* Little doubt can be entertained, that what is here stated to be the cause of the decline, is the effect of it. In phthisis, hectic symptoms, and, amongst them, profuse perspirations, always show themselves in the course of the disease. It is difficult to understand how tuberculated lungs could arise from profuse perspiration. The cause of the profuse sweats into which certain individuals readily fall, though their health seems good, has not hitherto been satisfactorily explained. Convalescents sometimes have similar dispositions, which cease as the strength returns. The effusion of sweat with coldness of the skin, often noticed in dying persons, is quite as familiar as it is inexplicable. As Andral has remarked (Anat. Pathol., tom. i. p. 337.), we know nothing about the reason of certain diseases, or stages of them, being attended with perspiration; why acute rheumatism should be accompanied by frequent and copious sweats; why sweats should be so constantly an attendant of suppurated pulmonary tubercles; while, on the contrary, the skin is so remarkably dry in chronic gastritis. Is it that in phthisical subjects the cutaneous exhalation makes up for the suspension of that from the lungs? — ED.

† Lib. III. cap. 42.

§ Tom. XLVII.

¶ N. Act. Nat. Cur., vol. iv. obs. 41.

‡ Rat. Med., p. XII. cap. VI. § 6.

|| Ploucq. Init., VII. 316.

Bresl. Samml. 1725, i. p. 183.

cutaneous exhalents in like manner. None of these, however, are idiopathic affections. When the discharge shows itself as a primary disease, the cause has generally been some violent commotion of the nervous system forcing the red particles into the cutaneous excretories, rather than a simple influx from a relaxed state of their fibres. And hence it has taken place occasionally during coition*; sometimes during vehement terror; and not unfrequently during the agony of hanging or the torture.† It is said also to have occurred in new-born infants.‡

GEN. I.
SPEC. II.
Ephidrosis
cruentaria.

Under what
states of body
the species
occurs, and
from what
causes.

SPECIES III.

EPHIDROSIS PARTIALIS.

PARTIAL SWEAT.

CUTANEOUS PERSPIRATION LIMITED TO A PARTICULAR PART
OR ORGAN.

THERE are some persons who rarely perspire; others, who perspire far more freely from one organ than another, as the head, or the feet, or the body. Such abnormities rather predispose to morbid affections, than are morbid affections themselves. Sauvages, in illustration of the present species, quotes a case from Hartmann, of a woman who was never capable of being thrown into a sweat, either by nature or art, in any part of her body, except when she was pregnant, at which time she perspired on the left side alone. § Schmidt has noticed a like anomaly. ||

GEN. I.
SPEC. III.
Singular ex-
amples of
abnormal per-
spiration.

In this last case, it is probable, that the kidneys became a substitute for the action of the cutaneous exhalents, as we see they do on various occasions, as when their mouths become collapsed from the chilly spasm that shoots over them on plunging into a cold bath, or in a fit of hysterics.

Explanation.

The sweat, thus discharged from a partial outlet, is frequently fetid, as under the fifth species of the present genus; and, when it is constitutional, it is often repelled, with great danger to some more important organ.

* Paullini, cent. III. obs. 46. Eph. Nat. Cur., Dec. II. ann. VI. Appx. pp. 4. 45. 55.

† Bartholinus, Epist. I. p. 718.

‡ Eph. Nat. Cur., Dec. II. ann. X. obs. 65.

§ Hartmanni, De Sudore unius Lateris. 4to. 1740.

|| Collect. Acad., vol. III. p. 577.

SPECIES IV. EPHIDROSIS DISCOLOR.

COLOURED SWEAT.

CUTANEOUS PERSPIRATION POSSESSING A DEPRAVED TINGE.

GEN. I.
SPEC. IV.

This species
how produced.

SWEAT is often tinged with a deeper yellow than is natural to it, from a resorption of bile into the blood-vessels; and, as we have already seen, it is sometimes intermixed with blood, from violence, or a relaxed state of the cutaneous exhalents. And when these, or causes like these, co-operate, we can readily account for the various colours it has sometimes exhibited, as green, black, blue, saffron, or ruby*; in the language of Professor Frank, “color nunc pallidè flavescens, nunc lacteus, vel croceus, sanguineus, ac interdum subviridis, cœruleus, aut ater†;” examples of all which are referred to in the volume of Nosology. We see, indeed, the whole of these hues produced daily under the cuticle from the extravasation of blood, according as the effused fluid is more or less impregnated with the colouring matter of the blood, and the finer and more limpid parts are first absorbed and carried off. It is possible also that, in some of the cases referred to, the stain may have been produced by inhaling a vapour impregnated with metallic corpuscles or some other pigment; and especially when working in metallurgical trades or quicksilver mines.‡

SPECIES V.

EPHIDROSIS OLENS.

SCENTED SWEAT.

CUTANEOUS PERSPIRATION POSSESSING A DEPRAVED SMELL.

GEN. I.
SPEC. V.

This species
gives rise to a
variety of
odours.

THE varieties that have been chiefly noticed are those of a sulphureous scent; of a sour scent; of a rank or fetid scent; of a violet ||, and of a musky scent.§ The rank or fetid scent is sometimes partial; being only evacuated from particular organs, as the feet and axillæ. De Monteaux, however, has found the same thrown off generally ¶: and, as a symptom in atonic fevers, it must

* Swediaur. Nov. Nos. Meth. Syst., i. 219.

† De Cur. Hom. Morb. Epit., tom. v. p. 27. Mannh. 8vo. 1792.

‡ In the London Medical Gazette for 1832-3, p. 211, the reader may find the particulars of a case of green perspiration, which was ascertained to derive its colour from an admixture of the acetate of copper. The patient, a young lady æt. 14, had had the milk which she took for breakfast boiled in a copper vessel, the tin lining of which was worn away, to the extent of one half of it. The case is drawn up by Dr. Prichard of Leamington. — Ed.

§ Paullini, cent. i. obs. 21. Eph. Nat. Cur., Dec. ii. ann. v. Appx., p. 9.

|| Id., Dec. iii. ann. ix. x. obs. 96.

¶ Maladies de Femmes, tom. ii.

have been witnessed by most practitioners, as also in several sordid cutaneous eruptions.* In fevers, moreover, we frequently meet with a secretion of sour perspiration, which, in a few instances, has had the pungency of vinegar. When such smells accompany diseases, they usually cease on the cessation of the disease which gives rise to them. When they are habitual, they often depend upon a morbid state of the stomach, or of the cutaneous excretories; and will often yield to a course of aperients or alterants, a frequent use of the warm, and, when the constitution will allow, of the cold bath, and such exercise as shall call forth a copious discharge of perspirable matter, and free the cutaneous follicles or orifices of whatever old materials may lodge in them.

Many of these, however, are often dependent upon the diet or manner of life. Thus the food of garlic yields a perspiration possessing a garlic smell: that of peas a leguminous smell, which is the cause of this peculiar odour among the inhabitants of Greenland; and acids a smell of acidity. Among glass-blowers, from the large quantity of sea salt that enters into the materials of their manufacture, the sweat is sometimes so highly impregnated that the salt they employ and imbibe by the skin and lungs has been seen to collect in crystals upon their faces. A musky scent is not often thrown forth from the human body; but it is perhaps the most common of all odours that escape from the skin of other animals. We discover it in many of the ape kind, and especially in the *simia jacchus*; still more profusely in the opossum, and occasionally in hedgehogs, hares, serpents, and crocodiles. The odour of civet is the production of the civet-cat alone,—the *viverra zibetha* and *viverra civetta* of Linnéus,—though we meet with faint traces of it in some varieties of the domestic cat. Among insects, however, such odours are considerably more common, and by far the greater number of them are of an agreeable kind, and of very high excellence; for the musk scent of the *cerambix moschatus*, the *apis fragrans*, and the *tipula moschifera*, is much more delicate than that of the musk quadrupeds: while the *cerambix suaveolens*, and several species of the ichneumon, yield the sweetest perfume of the rose; and the petiolated sphex a balsamic ether highly fragrant, but peculiar to itself.

GEN. I.
SPEC. V
Ephidrosis
olens.
Mode of
treatment.

Scented vapour
issuing from
other animals.

SPECIES VI.

EPHIDROSIS ARENOSA.

SANDY SWEAT.

CUTANEOUS PERSPIRATION, CONTAINING A DISCHARGE OF SANDY
OR OTHER GRANULAR MOLECULES.

As the odorous particles of both animal and vegetable food are sometimes absorbed by the lacteals, and impregnate the matter of

GEN. I.
SPEC. VI.
Pathological
explanation.

* The discharge, or matter, of eruptions cannot be called sweat, or perspiration, with any degree of correctness. — ED.

GEN. I.
SPEC. VI.
Ephidrosis
arenosa.
Exemplified in
glass-blowers.

perspiration, so at times are the more solid particles of the materials employed in handicraft trades absorbed by the lungs, and equally thrown forth upon the surface. This, as observed under the last species, is particularly the case with glass-blowers, upon whose forehead and arms salt is often seen to collect and crystallise in great abundance, from the quantity of this material which they employ in the manufacture of glass, and its diffusion through the heated atmosphere of the workshop in minute and imperceptible particles.

Red crystallised
sandy sweat.

How accounted
for.

But a reddish sandy material is occasionally found to concrete on the surface of the body under other circumstances, and which cannot be charged to any material volatilised in the course of business. Bartholin*, Schurig†, Mollenbroek‡, and various other writers, have given instances of this kind of crystallisation, which seems to consist in an excess of free uric acid, translated from the kidneys to the skin by an idiopathic sympathy, and forming red sand on the surface, as it probably would otherwise have done in the bladder or the urinal. It is possible, indeed, that a man may hereby escape from the fabrication of an urinary calculus, or stone in the bladder: and were such a transfer at all times in our power, we should gladly avail ourselves of it in many cases of a lithic diathesis, and employ it as a preventive of urinary concretions. When the sand is troublesome from the quantity collected, the alkaline and other medicines recommended under *lithia renalis* will easily remove it. §

How to be
remedied.

GENUS II.

EXANTHESIS.

CUTANEOUS BLUSH.

SIMPLE, CUTANEOUS, ROSE-COLOURED EFFLORESCENCE, IN CIRCUMSCRIBED PLOTS, WITH LITTLE OR NO ELEVATION.

GEN. II.
Origin of
generic term.

EXANTHESIS is a Greek compound, from ἐξ, "extra," and ἀνθέω, "floreo," superficial or cutaneous efflorescence, in contradistinction

* Hist. Anat., cent. i. 34. † Litholog., p. 235. ‡ De Vasis, cap. xiii.

§ The cases described in this section require confirmation; for, in their nature, they approach the marvellous. With respect to the crystallisation of salt on the faces and arms of glass-blowers, the very parts, on which they are alleged to occur, seem to imply, that the salt is not perspired in that abundant manner, in consequence of a previous absorption of it; but, that the atmosphere being impregnated with its vapour, some of this collects on the brow and arms, and, mixed with moisture really perspired there, becomes crystallised. But, whether this explanation be more probable than what is offered in the text, or not, it is certain, that the examples cited by our author require the stamp of modern and unprejudiced observation, to give them all the authenticity which is desirable.
— ED.

to ENANTHESIS, in Class III. Order IV., rash fever or “efflorescence springing from within.”

GEN. II.
Exanthesis.

This genus affords but one known species, the specific name for which is taken from Dr. Willan:—

1. EXANTHESIS ROSEOLA.

ROSE-RASH.

SPECIES.

EXANTHESIS ROSEOLA.

ROSE-RASH.

EFFLORESCENCE IN BLUSHING PATCHES, GRADUALLY DEEPENING TO A ROSE-COLOUR, MOSTLY CIRCULAR, OR OVAL; OFTEN ALTERNATELY FADING AND REVIVING; SOMETIMES WITH A COLOURLESS UMBO; CHIEFLY ON THE CHEEKS, NECK, OR ARMS.

ROSEOLA was sometimes employed by the older writers, though in a very loose sense, to signify scarlet fever, measles, and one or two other exanthems, that were often confounded: but, as it is now no longer used for these, it may stand well enough as a name for the present species, which Fuller has described as a flushing all over the body like fine crimson, which is void of danger, and “rather a ludicrous spectacle than an ill symptom.”*

GEN. II.
SPEC.

Specific term,
in what sense
used formerly.

As a symptom, this rash is frequently met with in various maladies. Thus in the dentition of infancy, it appears on the cheeks; in the inoculated cow-pox, around the vesicle; in dyspepsy, and various fevers, in different parts of the body, constituting varieties, several of which by Dr. Willan are named, according to the disease they accompany, *Roseola infantilis*, *R. variolosa*, *R. vaccina*, and *R. miliaris*: but which, as mere symptoms of other disorders, are to be sought for in the diseases of which they occasionally form a part.

As a symptom,
occurs in
various other
affections.

In the spring and autumn, it often appears to be idiopathic, especially in irritable constitutions. The occasional causes are fatigue, sudden alternations of heat and cold, or the drinking of very cold water after violent exercise. Dr. Willan mentions one instance of its occurring after sleeping in a damp bed. It has sometimes been mistaken for an eruption of the measles, and still oftener for that of a mild rosalia or scarlet fever, of which last error the same author gives an example in a child, that was extensively affected with it, about midsummer, for several years in succession, and whose attendant physician informed the parents, that the scarlet fever had recurred in their child seven times. †

Idiopathic
sometimes.
Occasional
causes.

* *Exanthematologia*, p. 128. Bateman's Synops., 95.

† *Roseola* may be discriminated from the appearances of the skin in scarlet fever, by the redness returning at all points, directly the pressure of the finger is removed; whereas, in scarlet fever, if pressure be made on the rash with the finger, the redness, on the discontinuance of such pressure, spreads gradually from the circumference of the part to the centre. (*Traité Théor. et Prat. des*

GEN. II.
SPEC.
Exanthesis
roseola.
Description.

The attack is sometimes preceded, during the heat of summer, by a slight febrile indisposition. It appears first on the face and neck, and, in the course of a day or two, is distributed over the rest of the body. The eruption spreads in small patches of various figures, but usually larger and more irregular than those of measles, often as large as a shilling, at first of a brightish red, but soon settling into the deeper hue of the damask rose. It sometimes assumes an annular form, *R. annulata*, and appears over the body in rose-coloured rings, with central areas, or umbos, of the usual colour of the skin: the rings being at first small, but gradually dilating to the diameter of half an inch. *

Medical
treatment.

This rash is troublesome, but of little importance otherwise. In the medical treatment of it, the state of the stomach and bowels should be particularly enquired into, and, for the most part, will be found to require correction. Acidulated drinks, with occasional and gentle laxatives, generally remove the disease, unless it be connected with any constitutional or visceral affection, when it sometimes proves very obstinate, and can only be cured by curing the primary malady. †

Maladies de la Peau, tom. i. p. 47.) When children are said to have had measles and scarlet fever half a dozen times, they have generally been affected only with roseola in this repeated way. It is, indeed, this circumstance which gives to the subject of roseola more interest than it would otherwise possess, and makes the study of its characters very necessary. — Ed.

* According to Rayer, when roseola follows gastro-enteritis, it is preceded for a few days by more or less fever. It may present itself over the whole surface of the body, or it may be confined to particular regions, in which last circumstance it ordinarily first shows itself on the face, neck, or lower extremities. The rings in the annular variety are at first one or two lines in diameter, but gradually enlarge, leaving a central space free from redness. On the second day, roseola is of a bright red colour, and attended with slight itching, but no pricking, like what is felt in urticaria. It never lasts beyond the fourth or fifth day, unless the disease happen to consist of a succession of eruptions. See Rayer, *Mal. de la Peau*, tom. i. p. 44. — Ed.

† In the *infantile rose-rash*, or that attendant on dentition, or other irritations peculiar to infancy, the proper treatment is that called for by the state of the constitution producing the rash; “but purgatives, and occasionally calomel and cretaceous powder, where there is much acidity of the *primæ viæ*, are requisite.” The following prescription is given by Dr. A. T. Thomson: —

R. Pulv. contrayervæ comp., gr. xii.

Potassæ nitratis, gr. iv. Misce.

Sit pulvis, 4ta quâque hora sumendus.

For the *annular rose-rash*, the warm bath, gentle laxatives, and the mineral acids, are recommended; and, for the chronic form of it, sea-bathing. The autumnal rose-rash is benefited by an infusion of cinchona, with diluted sulph. acid, and conf. rosæ, or the following mixture: —

R. Infus. gentianæ radices, f. ʒ vj.

Magn. sulphatis, ʒ iv.

Acid sulph. dilut., m xvj. Misce.

Sumantur cochl. ampla, iij. 6ta quâque hora.

(See Thomson's *Atlas of Delineations of Cutaneous Diseases*, pp. 37, 38.) Roseola is restricted to no age nor sex; but more commonly affects children (*R. infantilis*). It may occur at any period of the year, but is most frequent in summer (*R. æstiva*), or autumn (*R. autumnalis*). It is often accompanied with a slight gastro-intestinal inflammation. See Rayer, *Maladies de la Peau*, tom. i. p. 44. — Ed.

GENUS III.

EXORMIA.

PAPULOUS SKIN.

SMALL ACUMINATED ELEVATIONS OF THE CUTICLE; NOT CONTAINING A FLUID, NOR TENDING TO SUPPURATION; COMMONLY TERMINATING IN SCURF.*

For the acuminate elevation of the cuticle, which the Latins call papula, the Greeks had two synonymous terms, *ecthyma* (ἐκθύμα) and *exormia* (ἐξόρμια). The first was used most frequently in this sense; but as this has by some unaccountable means been employed very generally to import quite a different eruption, a crop of large pustulous, rather than of small solid pimples, forming a species of *ECZEMA*, or the sixth genus of the present Order, I have chosen the second term for the present purpose.

The common terminating diminutive (*ula* or *illa*) is probably derived from the Greek ἕλη (*ulè* or *ilè*) “*materia*,” “*materies*”—*of the matter, make, or nature of*; thus “*papula*, or *papilla*,” of the matter or nature of pappus; “*lupula*,” of the matter or nature of the lupus; *pustula*,” of the matter or nature of pus; and so of many others.

Papula and pustula, which by Sauvages are degraded into mere symptoms of diseases, and not allowed to constitute diseases of themselves, are raised to the rank of genera by Celsus, Linnéus, and Sagar, and, under a plural form (*papulæ* and *pustulæ*), to that of orders by Willan. In the present system *exormia* and *ecphlysis*, intended to supply their place, are employed as generic terms, and run parallel with those *papulæ* and *pustulæ* of Willan, which are not essentially connected with internal disease; and are only made use of instead of *papula* and *pustula*, first, as being more immediately Greek, and next, in order to prevent confusion from the variety of senses assigned to the latter terms by different writers. *Exormia* and *ecphlysis*, therefore, as distinct genera under the present arrangement, import eruptions of pimples and pustules in their simplest state, affecting the cuticle, or, at the utmost, the super-

GEN. III.
Synonyms.

Ula in *papula* and other terms whence derived.

Papula and *pustula* of different authors.

In what sense applied to the present and ensuing genera in the arrangement of this work.

* Papulous inflammations of the skin, characterised by *papulæ*, that is to say, by solid and resisting elevations, accompanied by more or less acute itching. *Papulæ* ordinarily terminate in resolution and furfuraceous desquamation, but occasionally in small ulcerations. (See Rayer, *Traité Théorique et Pratique des Maladies de la Peau*, tom. i. p. 560.) They are very different from exanthematous inflammations, which present spots instead of elevations; and they are equally dissimilar from bullous, vesicular, and pustular inflammations, in which a serous or purulent fluid is deposited between the cuticle and the corpus reticulare. However, in order to distinguish the *papulæ* of lichen and prurigo from the minute vesicles of the itch and eczema, it is necessary, as Rayer observes, carefully to inspect these different elevations with a magnifying glass. When *papulæ* have been injured by scratching, or when they have been replaced by furfuraceous desquamations, or excoriations, the diagnosis is sometimes involved in such obscurity, that it can only be dispelled by watching the formation of new elevations, whose papular form reveals the nature of the previous ones. Op. cit., tom. i. p. 562. — ED.

GEN. III.
Exormia.

ficial integument alone, and consequently without fever, or other internal complaint, as a necessary or essential symptom ; although some part or other of the system may occasionally catenate or sympathise with the efflorescence. It is difficult, indeed, to draw a line of separation, and perhaps impossible to draw it exactly, between efflorescences strictly cutaneous and strictly constitutional, from the numerous examples we meet with of the one description combining with or passing into the other. But a like difficulty belongs to every other branch of physiology, in the widest sense of the term, as well as to nosology ; and all we can do in any division of the science is, to lay down the boundary with as much nicety and caution as possible, and to correct it, as corrections may afterwards be called for.

The species which belong to this genus, or which, in other words, are characterised by a papulous skin not necessarily connected with an internal affection, are the following : —

- | | |
|------------------------|-------------------|
| 1. EXORMIA STROPHULUS. | GUM-RASH. |
| 2. ——— LICHEN. | LICHENOUS RASH. |
| 3. ——— PRURIGO. | PRURIGINOUS RASH. |
| 4. ——— MILIUM. | MILLET-RASH.* |

SPECIES I.

EXORMIA STROPHULUS.

GUM-RASH.

ERUPTION OF RED "PIMPLES IN EARLY INFANCY, CHIEFLY ABOUT THE FACE, NECK, AND ARMS, SURROUNDED BY A REDDISH HALO ; OR INTERRUPTED BY IRREGULAR PLOTS OF CUTANEOUS BLUSH.†

GEN. III.
SPEC. I.
Red-gum was
formerly called
red gown.

DR. WILLAN has observed, that the colloquial name of red-gum, applied to the common form of this disease, is a corruption of red-gown, under which the disease was known in former times, and by which it still continues to be called in various districts ; as though supposed, from its variegated plots of red upon a pale ground, to resemble a piece of red printed linen. In effect, it is written red-gown in most of the old dictionaries ; in Littleton's, as

* Rayer, in noticing the three usually described kinds of papulous inflammation, namely, strophulus, lichen, and prurigo, expresses his opinion, that their number ought to be reduced to two ; strophulus appearing to him to be only a modification of lichen in new-born children, and those at the breast. (Op. cit. vol. cit. p. 560.) Strophulus is a disease of early infancy ; lichen affects children and adults ; prurigo children and aged persons. None of these diseases is contagious ; but individuals who have once had them, almost always have fresh attacks of them at variable intervals, and especially from atmospherical vicissitudes. — ED.

† Strophulus is a cutaneous inflammation, common in children at the breast, characterised by pruriginous, red, or white papulæ, of variable size, appearing in succession, disappearing and returning sometimes in an intermittent manner, and ending in resolution, or a furfuraceous desquamation. See Rayer, Traité des Maladies de la Peau, tom. i. p. 563. — ED.

late as 1684: and, I believe, to the present day. The varieties in Willan are the following, whose descriptions are large and somewhat loose. We may extract from them, however, the subjoined distinctions of character:—

GEN. III.
SPEC. I.
EXORMIA
strophulus.

- | | |
|---------------------------------|--|
| α Intertinctus.
Red-gum. | Pimples bright red ; distinct ; intermixed with stigmata and red patches ; sometimes spreading over the body. |
| β Albidus.
White-gum. | Pimples minute, hard, whitish ; surrounded by a reddish halo. |
| γ Confertus.
Tooth rash. | Pimples red, of different sizes, crowding or in clusters ; the larger surrounded by a red halo ; occasionally succeeded by a red crop. |
| δ Volaticus.
Wildfire-rash. | Pimples deep-red, in circular patches, or clusters ; clusters sometimes solitary on each arm or cheek ; more generally flying from part to part. |
| ε Candidus.
Pallid gum-rash. | Pimples large, glabrous, shining ; of a lighter hue than the skin : without halo or blush.* |

Generally speaking, none of these varieties are of serious importance ; and all of them, being consistent with a healthy state of the functions of the body, require but little attention from medical practitioners. Several of them are occasionally connected with acidity, or some other morbid symptom of the stomach and bowels, and hence particular attention should be paid to the primæ viæ.† The system, also, suffers generally, in many cases, if the efflorescence be suddenly driven inwards by exposure to currents of cold air, or by the use of cold bathing. Both these,

General remarks in respect of cause ;

and medical treatment.

* The papulæ of strophulus are whiter or redder than the surrounding healthy skin ; those of prurigo, when not disturbed, are nearly of the same colour as the skin. Besides, each of the successive eruptions constituting strophulus constantly exhibits the course of an acute disease ; while prurigo partakes more of the nature of a chronic one. On the contrary, according to Rayer, a marked line of demarcation between strophulus and lichen is difficult to form. It seems to him that the shades of difference between these two diseases are probably the result of differences in the ages and conditions of the individuals affected with them. The papulæ of lichen are, indeed, sometimes red, inflamed, scattered, or collected in groups, like those of strophulus ; but the latter has intermissions, and periodical exacerbations, more frequently than the former ; whilst, on the other hand, strophulus never terminates in excoriations, like those of lichen agrius. Strophulus confertus may be known from marbled or mottled patches of erythema, the latter being smooth, not prominent, and destitute of papulæ. See Rayer, tom. i. p. 567. — ED.

† Strophulus is sometimes brought on by direct irritation of the skin from coarse woollen clothes, exposure of the body to too much heat, or uncleanness ; but, most commonly, it is symptomatic of gastro-intestinal inflammation, excited by food in too great abundance, or of bad quality, the process of dentition, &c. See Rayer, *Traité Théorique et Pratique des Maladies de la Peau*, tom. i. p. 564. — ED.

GEN. III.
SPEC. I.
Exormia
strophulus.

Particular re-
marks on E.
strophulus
confertus or
tooth-rash.

therefore, should be avoided while the efflorescence continues; and, if such an accident should occur, the infant should be immediately plunged into a warm bath, which commonly succeeds in reproducing the eruption, when the constitutional illness ceases.* In every variety, indeed, the nurse should be directed to keep the child's skin clean, and to promote an equable perspiration by daily ablutions with tepid water, which are useful in most cutaneous disorders; and will be found, in other respects, of material importance to the health of children.†

In the tooth-rash, *strophulus confertus*, there is no difficulty in tracing the ordinary cause. Yet this, also, has often been ascribed to a state of indigestion, or some feverish complaint, in the mother or nurse. "I have, however," says Dr. Willan, "frequently seen the eruption where no such cause for it was evident. It may, with more propriety, be ranked among the numerous symptoms of irritation arising from the inflamed and painful state of the gums in dentition, since it always occurs during that process, and disappears soon after the first teeth have cut through the gums." It may, however, like the red-gum, *s. intertinctus*, be occasionally connected with a weak and irritable state of the bowels: though the tender and delicate state of the skin, and the strong determination of blood to the surface, which evidently takes place in early infancy, and is the common proximate cause of the red-gum, is probably the common remote cause of the tooth-rash.

The tooth-rash is the severest form in which strophulus shows itself. Instead of being confined to the face and breast, it often spreads widely over the body, though it appears chiefly, in a diffused state, on the fore-arm. Dr. Willan notices a very obstinate and painful modification of this disorder, which sometimes takes place on the lower extremities. "The papulæ spread from the calves of the legs to the thighs, nates, loins, and round the body, as high as the navel: being very numerous and close together, they produce a continuous redness over all the parts above-mentioned. The cuticle presently becomes shrivelled, cracks in various places, and finally separates from the skin in large pieces." It has some resemblance to the intertrigo, which however may be distinguished by having an uniform red, shining surface, without papulæ, and being limited to the nates and thighs.

In like manner, those children are most liable to the *strophulus volaticus*, or wildfire rash, who have a fair and irritable skin, though this also occasionally catenates with a morbid state of the stomach and

Particular re-
marks on E.
strophulus
volaticus, or
wildfire rash.

* Bronzet, sur l'Education des Enfants, p. 187.

† When strophulus has arisen from any irritation of the surface of the body, the first and principal indication is to remove this cause. The pruritus may be temporarily relieved by applying cold water, containing a little of the muriate of soda, or vinegar, to the papulæ. These lotions will even be serviceable when strophulus is symptomatic of inflammation of the digestive organs. But, in this case, it is above all things necessary to combat the internal affection by suitable diet, and the daily use of a tepid bath of a decoction of bran. The cold bath will lessen and completely remove this papulous inflammation with great rapidity; but it exasperates the gastro-intestinal inflammation frequently existing as a complication. Rayer pronounces purgatives to be equally hurtful, and expresses disapprobation of the emetic and tonic treatment recommended by Willan; for he considers that the digestive organs should not be disturbed and irritated with such medicines. See Rayer, *Traité Théorique et Pratique des Maladies de la Peau*, tom. i. p. 568. — ED.

bowels. It appears sometimes as early as between the third and sixth month, but more frequently later.

This last is the erythema volaticum of Sauvages, the æstus volaticus of many earlier writers: whence the French name of feu volage. All these terms have, however, been often used in a very indefinite sense, and hence, also, applied to one or two species of porrigo,† and especially *porrigo crustacea*, or *crusta lactea*.* And hence Dr. Armstrong has described this last disease as a strophulus, or tooth-rash.†

The *strophulus albidus*, and *strophulus candidus*, are the two slightest varieties of this species of indisposition. The first is chiefly limited to the face, neck, and breast, and often continues in the form of numerous hard, whitish specks, for a long time, which on the removal of their tops do not discharge any fluid, though it is probable they were originally formed by a deposition of fluid, which afterwards concreted under the cuticle. The pimples in the strophulus candidus are larger, and diffused over a wider space; often distributed over the loins, shoulders, and upper part of the arms; though they rarely descend further.

Several of the varieties occasionally co-exist and run into each other, particularly the first two.‡

GEN. III.

SPEC. I.

Exormia
strophulus.Erythema
volaticum.Particular re-
marks on E.
strophulus
albidus and
candidus.

SPECIES II.

EXORMIA LICHEN.

LICHENOUS RASH.

ERUPTION DIFFUSE; PIMPLES RED; TROUBLESOME SENSE OF
TINGLING OR PRICKING. §

LICHEN (λειχήν-ος) is a term common to the Greek phytologists as well as the Greek pathologists. By the former it is applied to that extensive genus of the algæ, or rather to many of its species, which still retains the name of lichen in the Linnéan system: and it is conjectured by Pliny that the physicians applied the same name to the species of disease before us from the resemblance it produces on the surface of the body to many of the spotty and

GEN. III.

SPEC. II.

Origin of the
technical term.

* Astruc, De Morb. Infant., p. 44.

† On the Diseases of Children, p. 34.

‡ Underwood, on the Diseases of Children, vol. i. passim. Whatever may be the form of the eruption, strophulus is always attended with a good deal of itching, which is increased by the heat of the bed. Children are thus rendered uneasy, and prevented from sleeping; and, with the symptoms of strophulus itself, is frequently combined disorder arising from gastro-intestinal inflammation, or dentition. See Rayer, Traité des Maladies de la Peau, tom. i. p. 566. — ED.

§ A cutaneous inflammation, frequent in adults, characterised by a simultaneous or a successive eruption of red pruriginous papulæ, either scattered or arranged in groups in one region, or over the whole surface of the body; ordinarily terminating in a furfuraceous desquamation, and more rarely in superficial, but particularly obstinate, excoriations. (See Rayer, op. et vol. cit., p. 571.) Under the name of *papular venereal disease*, Mr. Carmichael has published several examples of lichens developed in individuals who had had contagious affections of the genital organs. Op. et vol. cit., p. 589. — ED.

GEN. III.
SPEC. II.
Exormia
lichen.

How far re-
lated to the
preceding
species.

minutely tubercular lichens, which are found wild upon stones, walls, and the bark of trees or shrubs. Gorræus, however, gives two other origins of the term; one, of which he does not approve, from the eruption being supposed to be cured by its being licked with the human tongue; and the other, to which he inclines, from its creeping in a lambent or tongue-like form, over different parts of the body. The derivation in both these cases being λείγω, "lambo," "lingo."

It is a far more troublesome rash than the preceding; from the severest modifications of which, however, it chiefly differs by the intolerable tingling or pricking which accompanies, and peculiarly characterises it. The following are its chief varieties:—

- | | |
|---|---|
| <p>α Simplex.
Simple lichen.</p> | General irritation; sometimes a few febrile symptoms at the commencement; tingling aggravated during the night; pimples scattered over the body; which fade and desquamate in about a week. |
| <p>β Pilaris.
Hair lichen.</p> | Pimples limited to the roots of the hair; desquamate after ten days; often alternating with complaints of the head or stomach. |
| <p>γ Circumscriptus.
Clustering lichen.</p> | Pimples in clusters or patches of irregular forms, appearing in succession over the trunk and limbs; sometimes coalescing; and occasionally reviving in successive crops, and persevering for six or eight weeks. |
| <p>δ Lividus.
Livid lichen.</p> | Pimples dark-red or livid; chiefly scattered over the extremities; desquamation at uncertain periods, succeeded by fresh crops, often persevering for several months. |
| <p>Tropicus.
Summer-rash.
Prickly heat.</p> | Pimples bright-red, size of a small pin's head; heat, itching, and needle-like pricking: sometimes suddenly disappearing, and producing sickness or other internal affection; relieved by the return of a fresh crop. |
| <p>ζ Ferus.
Wild lichen.</p> | Pimples in clusters or patches, surrounded by a red halo; the cuticle growing gradually harsh, thickened, and chappy: often preceded by general irritation. |
| <p>η Urticosus.
Nettle lichen.</p> | Pimples very minute, slightly elevated, reddish: intolerably itching, especially at night; irregularly subsiding, and re-appearing; |

chiefly spotting the limbs *; occasionally spreading over the body, with gnat-bite shaped wheals: from the violence of the irritation, at times accompanied with vesicles or blisters, and succeeded by an extensive exfoliation of the cuticle. †

GEN. III.
SPEC. II.
Exormia
lichen.

Under this species, as under the last, we may observe that all the varieties are in their purest state simple affections of the skin, though occasionally, probably from peculiarity of habit, or some accidental disorder of the digestive function, connected with the state of the constitution or of the stomach or bowels. Dr. Willan, indeed, makes it a part of his specific character, that lichen is “connected with internal disorder:” but his description is at variance with his definition; for with respect to the first variety, or simple lichen, he expressly asserts ‡ that it “sometimes appears suddenly without any manifest disorder of the constitution.” While in regard to the tropical lichen or prickly heat, one of the severest modifications under which the disease appears, he states, and with apparent approbation, from Winterbottom, Hillary, Clark, and Cleghorn, that it is considered as salutary; that even, “a vivid eruption of the prickly heat is a proof that the person affected with it is in a good state of health;” — that “its appearance on the skin of persons in a state of convalescence from fevers, &c. is always a favourable sign, indicating the return of health and vigour §;” that “it seldom causes any sickness or disorder, except the troublesome itching and pricking ||;” that “it is not attended with any febrile commotion whilst it continues out ¶;” and that “it is looked upon as a sign of health, and, indeed, while it continues fresh on the skin, no inconvenience arises from it except a frequent itching.” ** And, in like manner, Dr. Heberden observes, that some patients have found themselves well on the appearance of the eruption, but troubled with pains of the head and stomach during the time of its spread; but by far the greater number experience no other evil from it besides the intolerable anguish produced by the itching, which sometimes makes them fall away by breaking their rest, and is often so tormenting as to make them almost weary of their lives. Most of these remarks apply equally to the urticose variety, one of its severest forms, as I shall have occasion to observe presently.

General re-
marks.

Not necessarily
connected with
internal disorder;
though the contrary
asserted by
Willan, whose
opinion is dis-
proved by his
own quotations.

* According to Rayer, it shows itself especially on the neck and sides of the face. The papulæ are of an irregular shape, and inflamed like the elevations produced by the bites of bugs or gnats. While the first papulæ are ending in resolution or a furfuraceous desquamation, others present themselves successively on the trunk and limbs, where they become confluent, and form small patches. Lichen urticatus is rare in young persons and adults. Rayer has never seen it but in the heat of summer or spring. When it occurs in children, it cannot be distinguished from strophulus candidus, which seems to correspond to this variety of lichen in adults.

† Lichen urticatus (Rayer), first described by Bateman, and added to the species enumerated by Willan, received its name from the analogy which it presents in several respects to urticaria. — ED.

‡ Willan, p. 39.

§ Id., p. 59. from Hillary.

** Id., p. 63. from Cleghorn.

§ Id., p. 35. from Winterbottom.

¶ Id., p. 61. from Clark.

GEN. III.

SPEC. II.

α E. lichen
simplex.Description
and progress.

The SIMPLE LICHEN shows itself first of all by an appearance of distinct red papulæ about the cheeks and chin or on the arms, with but little inflammation round their base: in the course of three or four days, the eruption spreads diffusely over the neck, body, and lower extremities, attended with an unpleasant sensation of tingling, which is sometimes aggravated during the night. In about a week, the colour of the eruption fades, and the cuticle separates in scurf. All the surface of the body, indeed, remains scurfy for a long time, but particularly the flexures of the joints. The duration of the complaint varies; and hence, in different cases, a term of from fourteen to thirty days intervenes between the eruption and a renovation of the cuticle. "The eruption sometimes appears suddenly, without any manifest disorder of the constitution *;" and sometimes there is a febrile state or rather a state of irritation at the beginning of the disorder, though "seldom considerable enough to confine the patient to the house †;" and which is relieved by the appearance of the eruption. It has occasionally been mistaken for measles or scarlatina: but its progress, and, indeed, the general nature of its symptoms, from the first, are sufficiently marked to distinguish it from either of these. ‡

Causes.

The causes are not distinctly pointed out by any writers, and it is singular, that they should have been passed by both by Willan and Bateman. So far as I have seen, this and all the varieties depend upon a peculiar irritability of the skin as its remote cause, and some accidental stimulus as its exciting cause. The irritability of the skin is sometimes constitutional, in which case the patient is subject to frequent returns of the complaint; but it has occasionally been induced by various internal and external sources of irritation: as, a diet too luxurious or too meagre; the debility occasioned by a protracted chronic disease, or an exacerbated state of the mind; an improper use of mercury, or of other preparations that have disagreed either with the stomach or the chylofacient viscera. Under any of which circumstances, a slight occasional cause is sufficient for the purpose; as, exposure to the burning rays of a summer sun, a sudden chill on the surface, cold water drunk during great heat or perspiration; a dose of opium or any other

* Willan, ut suprâ, p. 39.

† Id., p. 37.

‡ The lichen simplex, even in an extensive form, cannot be confounded with measles, scarlatina, and other exanthemata, the spots or cutaneous rednesses of which are entirely different from the papulæ of lichen. The only affections which it is liable to be mistaken for, are the itch and prurigo. In the latter, however, which is a papulous disease, as well as lichen itself, the papulæ are more considerable, and of the same colour as the skin; not red and vivid, like those of lichen. Prurigo is attended with violent pruritus, while lichen usually brings on only a degree of pricking or tickling, the patient not experiencing pruritus except when his body has been exposed to heat, or he has been guilty of some excess in diet, especially with reference to spirituous liquors. As for itch, vesicles are its special character; whereas lichen is an eruption of papulæ. The vesicles of itch are almost always situated on the inside of the arm and forearm, on the wrists, and between the fingers; but the papulæ of lichen usually occupy the outer and posterior surfaces of the limbs. In a few rare cases, simple lichen affects the hands; but then the papulæ are commonly in groups on the dorsal surface of the hand, while the vesicles of itch are chiefly situated in the interspaces of the fingers. The papulæ of lichen, particularly when confluent, are surrounded by small delicate scales: the vesicles of itch are never encircled by scales, but by small scabs. See Rayet, op. et vol. cit. p. 581. — ED.

narcotic, or substance that disagrees with the stomach or the idiosyncrasy. Dr. Heberden has suggested another cause, as perhaps operating in various cases, and enquires, whether it may not be produced by some irritant floating in the atmosphere, of so fine a structure as to be invisible to the naked eye, as the down of various plants or insects; and he particularly alludes to the delicate hairs of the *dolichos pruriens* or cowhage, as occasioning the disease in the West Indies, from their attacking the skin in this manner imperceptibly. But since general ablutions afford little or no relief, and all medicated lotions are even more ineffectual; and as we can often trace it to other causes in our own country, and are at no loss for a different cause in the West Indies, the present can hardly be allowed to be the ordinary cause, though it may become an occasional excitement.*

The remedial process should consist in keeping the bowels cool and free by neutral salts; a mixed diet of vegetables, ripe fruits, especially of the acescent kind, as oranges and lemons, and fresh animal food; with an abstinence from fermented liquors, a light and cool dress an open exposure to pure air, and an occasional use of the tepid bath.† The mineral acids have sometimes proved serviceable, but not always‡; and the red or black hydrargyri sulphuretum has been thought useful by many; but the plan proposed by Mr. Wilkinson for the severer kinds of the disease, will here also be often found well worthy of trial; which consists in a calomel purge twice a week, and the internal use of the subcarbonate of ammonia in a dose of five or six grains, four or five times a day.§

When the system is evidently in an impoverished state, from previous sickness, innutritive food, or any mesenteric affection, bark,

GEN. III.

SPEC. II.

α E. lichen simplex.

Whether produced at any time by some irritant floating in the air.

Mode of treatment.

* The following are the remarks on the prognosis, delivered by Rayer:—The duration of simple lichens, occasioned by the heat of summer, differs from one to two or three weeks. When lichen is the effect of unknown causes, or of such as have not acted immediately on the skin, it is sometimes very uncontrollable, and may last, whatever may be the disposition of the papulæ, for several months, or even years. In general, lichen is serious and difficult of cure, when it is of long standing, and characterised by successive eruptions, formed in individuals of advanced age and impaired constitutions. The lichen agrius of the face is ordinarily very obstinate, and subject to frequent relapses. Op. et vol. cit., p. 585. — ED.

† In the summer time, Rayer prefers cold bathing, which he finds often sufficient to remove the complaint, and this without any danger. Warm baths, he says, often increase the inconveniences, and especially in cases of lichen urticatus. — ED.

‡ When the eruption resists cold bathing, Rayer approves of the trial of beverages strongly acidulated with the nitric, muriatic, or sulphuric acid; and, when the digestive organs are too irritable to bear these acids, lemon juice or vinegar may be substituted for them. When the papulæ are very numerous, crowded together, and confluent at several points, as in the lichen agrius, he recommends the antiphlogistic treatment to be more energetic, and, in young subjects, general and local bleeding frequently repeated, care being taken, when leeches are used, to place them out of the circle of the eruption, as otherwise the irritation of their bites would augment the papulous inflammation. Cold lotions, soothing fomentations, and bathing the parts in tepid mucilaginous lotions, are the local means advised by this author. Coarse linen should not be allowed to touch the skin, as it would occasion irritation; and thick clothes, which would heat the body too much, are to be avoided. These means are to be aided with low diet. Op. et vol. cit., p. 586. — ED.

§ Remarks on Cutaneous Diseases, 1822.

GEN. III.

SPEC. II.

α E. lichen
simplex.

β E. lichen
pilaris.

γ E. lichen
circumscriptus.

δ E. lichen
lividus.

ε E. lichen
tropicus.

Eshera or
essera.

the mineral acids, or the metallic tonics afford a reasonable hope of relief, and especially such preparations of iron as may sit easy on the stomach. *

The HAIR LICHEN and CLUSTERING LICHEN differ from the preceding in little more than a difference of station or of form. Their causes or mode of treatment run parallel, and it is not needful to enlarge on them farther.

The LIVID LICHEN is evidently connected with a weak and debilitated habit. Its papulæ are often interspersed with petechiæ, sometimes, indeed, with purple patches or vibices, and manifest a state of constitution bordering on that of scurvy or porphyra. Here the diet, regimen, and medical treatment should be altogether tonic and cordial, and may be taken from the plan already proposed for this last malady. †

The TROPICAL LICHEN, or PRICKLY HEAT, is a disease of high antiquity, and is equally described by the Greek and Arabian writers. The latter denominate it ESHERA (إشورا), which is the plural of sheri (شوي), literally *papulæ*, and hence THE PAPULÆ, or PAPULOUS DISORDER, by way of emphasis. And this term, softened or corrupted into essera, has been adopted and employed as the name of the disease by many European writers of great reputation, as Bartholin, Hilary, and Ploucquet. The term, however, has sometimes been used both in the East and among Europeans in a looser sense, so as occasionally, but most improperly, to embrace urticaria, and some other febrile rashes as well.

The symptoms of the disease I shall give in the words of my valued friend Dr. James Johnson, who delineates the disease as he has felt it, and as, in recollection, he seems almost to feel it still; and hence his description flows

Warm from the heart, and faithful to its fires.

“From mosquitoes,” says he, “cock-roaches, ants, and the numerous other tribes of depredators on our personal property, we

* As Rayer has observed, however, the practitioner must not forget to employ likewise such remedies as operate immediately on the skin. When lichen is extensive, and affects the integuments deeply, the complaint will sometimes be benefited by gentle friction with an ointment, containing sulphur, combined with the subcarbonate of potash, or soda; the parts being at the same time bathed in cool emollient lotions. If the skin were dry, a few trials of the vapour bath might do good; but if repeated too often, they might render the papulæ worse. Rayer observes, that sulphureous baths constantly prove pernicious in acute and are seldom useful in chronic lichen; never succeeding, indeed, but in the decline of this affection. When the state of the digestive organs does not prohibit the practice, he approves of the diluted mineral acids. In cases of excoriated lichen agrius, they lessen the secretion from the broken papulæ, appease the pruritus, and contribute to the cure. Then, also, gentle purgatives, frequently repeated, are proper; but care is to be taken not to bring on, by the rash employment of purging remedies, a gastro-intestinal inflammation, as a substitute for that of the cutaneous surface. Rayer only sanctions the exhibition of arsenical medicines in the treatment of chronic lichen with extreme caution and moderation, and never except when the complaint resists all other modes of treatment. Previously to their being prescribed, the state of the digestive organs is to be considered; any inflammation of them, if existing, previously removed; and the doses of the liquor arsenicalis increased very gradually, and never beyond fifteen or twenty drops in the twenty-four hours. See *Traité Théorique et Pratique des Maladies de la Peau*, tom. i. p. 588. — ED.

† Vol. ii. Class III. Ord. IV. Spec. x.

have some defence by night, and in general a respite by day; but this unwelcome guest assails us at all, and particularly the most unseasonable hours. Many a time have I been forced to spring from table and abandon the repast which I had scarcely touched, to writhe about in the open air for a quarter of an hour: and often have I returned to the charge, with no better success, against my ignoble opponent! The night affords no asylum. For some weeks after arriving in India, I seldom could obtain more than an hour's sleep at one time, before I was compelled to quit my couch, with no small precipitation, and if there were any water at hand, to sluice it over me, for the purpose of allaying the inexpressible irritation! But this was productive of temporary relief only; and what was worse, a more violent paroxysm frequently succeeded.

GEN. III.
SPEC. II.
= E. lichen
tropicus.

"The sensations arising from prickly heat are perfectly indescribable; being compounded of pricking, itching, tingling, and many other feelings, for which I have no appropriate appellation.

"It is usually, but not invariably, accompanied by an eruption of vivid red pimples, not larger in general than a pin's head, which spread over the breast, arms, thighs, neck, and occasionally along the forehead, close to the hair. This eruption often disappears, in a great measure, when we are sitting quiet, and the skin is cool; but no sooner do we use any exercise that brings out a perspiration, or swallow any warm or stimulating fluid, such as tea, soup, or wine, than the pimples become elevated, so as to be distinctly seen, and but too sensibly felt!

"Prickly heat, being merely a symptom, not a cause of good health, its disappearance has been erroneously accused of producing much mischief; hence the early writers on tropical diseases, harping on the old string of 'humoral pathology,' speak very seriously of the danger of *repelling*, and the advantage of 'encouraging the eruption, by taking small warm liquors, as tea, coffee, wine-whey, broth, and nourishing meats.'

"Indeed, I never saw it repelled even by the cold bath: and in my own case, as well as in many others, it rather seemed to aggravate the eruption and disagreeable sensations, especially during the glow which succeeded the immersion. It certainly disappears suddenly sometimes on the *accession* of other diseases, but I never had reason to suppose, that its disappearance *occasioned* them. I have tried lime-juice, hair-powder, and a variety of external applications, with little or no benefit. In short, the only means, which I ever saw productive of any good effect in mitigating its violence, till the constitution got assimilated to the climate, were—light clothing—temperance in eating and drinking—avoiding all exercise in the heat of the day—open bowels—and last, not least, a determined resolution to resist with stoical apathy its first attacks." *

In this species, as also in the next, it is obvious that the extremities of the nerves which accompany the cutaneous papillæ, are in a peculiar state of irritation. And when we reflect, that the organ of the skin possesses the most acute sensibility of any of the structures of the body, and suffers more pain than any other part

Agony of the
smarting
explained.

* See James Johnson, M.D. on the Influence of Tropical Climates on European Constitutions. 8vo. Lond. 1821.

GEN. III.

SPEC. II.

ε E. lichen
tropicus.

ζ E. lichen
ferus.

η E. lichen
urticosus.

The most
troublesome of
all the species,
but not neces-
sarily connect-
ed with the
constitution.

Most intract-
able in medical
treatment.

Prussic acid.

under amputation; and when to this we add, that the nerves are uniformly most sensible at their extremities, we can be at no loss to account for the maddening distress which is hereby produced.*

The wild lichen, or *LICHEN FERUS*, is particularly noticed by Celsus, under the name of *AGRIA*, as applied to it by the Greeks, from the violence with which it rages. It occurs in him after a brief description of a variety of papula of a milder kind, which Willan supposes, and with some reason, to be the clustering. “*Altera autem est, quam Ἀγρία Græci appellant: in qua similiter quidem, sed magis cutis exasperatur, exulceraturque, ac vehementius et roditur, et rubet, et interdum inter pilos remittit. Quæ minus rotunda est, difficiliter sanescit: nisi sublata est, in impetiginem vertitur.*”† This variety, however, in its general range, its vehemence, and protracted duration, approaches nearer to the nettle lichen than to any other: yet the pimples are larger, more clustered, and more apt to run into a pustular inflammation, so as often to produce cutaneous exulcerations and black scabs; and hence the remark of Celsus, that it is disposed to terminate in an impetigo‡, or, as others have it, in psora or lepra.

The *URTICOSE* or *NETTLE LICHEN* is, perhaps, the most distressing form of all the varieties, if we except the tropical: and, like the tropical, notwithstanding its violence, it is often totally independent of any constitutional affection. I can distinctly say, from various cases that have occurred to me, that even when the patient has been worked up to such a degree of madness as to force him against his own will into a perpetual scratching, which greatly exasperates it, still the constitution has remained unaffected, the pulse regular, the appetite good, and the head clear. In most of the cases the author alludes to, however, there was an established or idiopathic irritability of the system, and especially of the skin; and, in one or two of them, it was unfortunate that opium, under every form, and in every quantity, always increased the irritability; while no other narcotic was of any avail. I freely confess, that I have been more perplexed with this obstinate and intractable variety, which has, in some cases, irregularly subsided for a few days or weeks, and then reappeared with more violence than ever, than I have been with almost any other complaint that has ever occurred to me. The subcarbonate of ammonia, as just referred to, has sometimes been serviceable, but by no means always. A tepid bath, and especially of sea-water, has sometimes also been useful, but I have often found even this fail; and have uniformly observed the bath mischievous when made hot; for the skin will not bear stimulation. The hydrocyanic or prussic acid, in doses of four minims, two or three times a day, has occasionally also subdued the irritability, though in a few instances it has produced more mischief than it has removed.

* Bostock, *Elementary System of Physiology*, p. 85. 8vo. 1824.

† *De Medicina*, lib. v. cap. xxviii.

‡ One disease has often been mistaken for the other. The small pustules of impetigo are sometimes collected in groups, like the papulæ of lichen agrius; but, in the latter, there are only minute incrustations, difficult of separation; whereas, in impetigo the scabs are thick, and easily fall off. The possibility of lichen being transformed into psoriasis, or impetigo, though a rare occurrence, is admitted by Rayer. *Op. et vol. cit.*, p. 579. — Ed.

From the alterant apozems of sarsaparilla, elm-bark, juniper-tops, and snake-root, no benefit has accrued; and as little from sulphur, sulphurated quicksilver, nitre, the mineral acids, and the mineral oxides and salts. I once tried the arsenic solution, but the stomach would not bear it. Sea bathing, however, in connection with sea air, has rarely failed; and I am hence in the habit of prescribing it to a delicate young lady, who has been several times most grievously afflicted with this distressing malady, as soon as it re-appears; as well from the known inefficacy of every other remedy, a long list of which she has tried with great resolution, as from the benefit which this has almost uniformly produced.

GEN. III.
SPEC. II.
η E. lichen
urticosus.
Treatment.

Mr. Wilkinson recommends, that the itching parts be frequently moistened with a lotion consisting of a scruple of subcarbonate of ammonia, and acetate of lead dissolved in four ounces of rose water, and be slightly touched every day, or every other day, with aromatic vinegar diluted with one third part of water. *

I have said that the wild lichen in its severity and duration offers a near resemblance to this. The former, however, is more apt to run into a pustular inflammation, though in the nettle lichen we sometimes find a few of the vesicles † filled with a straw-coloured fluid, but which are not permanent. There is also a greater tendency to some constitutional affection in the wild, than in the nettle modification, and particularly to a sickness, or some other disorder of the stomach, upon repulsion by cold. Under the nettle lichen, the patient seldom finds the stomach or any other organ give way, and will endure exposure to a sharp current of air with a full feeling of refreshment, without any danger of subsequent mischief.

How far related to the wild lichen.

There is a singular modification of this disease described in a letter from Dr. Monsey, of Chelsea College, to Dr. Heberden, in which the cause was exposure of the skin to a bright sun in the open air. The patient was a man thirty years of age, of a thin, spare habit: and his skin, as soon as the solar rays fell upon it, became instantly almost as thick as leather, and as red as vermilion, with an intolerable itching: the whole of which abated about a quarter of an hour after he went into the shade. Dr. Monsey adds, that this was not owing to the heat of the sun, for the sun in winter affected him full as much, if not more, and the heat of the fire had not such an effect. He was, in consequence, thrown into a state of "confinement for near ten years. It may not be amiss," continues Dr. Monsey, "to mention one particular; which is, that one hot day, having a mind to try if he were at all benefited by his immersions" (he seems to have used a salt bath under cover for many weeks), "he undressed himself and went into the sea in the middle of the day; but he paid very dearly for the experiment, the heat diffusing itself so violently over his whole body by the time he had put on his clothes, that his eye-sight

Singular modification described by Monsey.

* Remarks on Cutaneous Diseases, p. 25. 1822.

† This term does not seem correct, as applied to a papulous disease. Rayer observes, that lichen, whether simple or complicated, is seldom transformed to any other modification of inflammation; though, occasionally, when the inflammation continues a long while in the same places, it degenerates into psoriasis or impetigo. See *Traité des Maladies de la Peau*, tom. i. p. 579. — Ed.

GEN. III.

SPEC. II.

Exormia
lichen.

Treatment.

Singularities
of the case
explained.

began to fail, and he was compelled to lie down upon the ground to save himself from falling. The moment he lay down the faintness went off; upon this he got up, but instantly found himself in the former condition: he, therefore, lay down and immediately recovered. He continued alternately getting up and lying down till the disorder began to be exhausted, which was in about half an hour, and so gradually went off. He had frequently been obliged to use the same practice at other times, when he was attacked with this disorder."

That this case is to be regarded as a peculiar form of the present species, the extraordinary irritation and intolerable itching of the skin seem to vouch for sufficiently. It discovers, however, a cutaneous excitement of an idiopathic and most singular kind: and, keeping this idea in mind, it is not difficult to account for the tendency to deliquium related in the latter part of the account. The patient, it seems, could endure cold bathing under cover or in the shade, and was not rendered faint by the re-active glow that ensued upon his quitting the water; but when to this re-active glow was united, in consequence of his bathing in the open air, and in the middle of the day, the pungent heat of the sun, he was incapable of enduring both, till, by a certain length of exposure to this conjoint stimulus, the cutaneous nerves became torpid, which it seems they did in about half an hour; when the affection, we are told, "gradually went off."

A daily exposure to the same exhausting power would, in all probability, soon have rendered the torpitude habitual, or at least have reduced the cutaneous sensibility to its proper balance, which, after all, forms the real cure in the West Indies, and in most of the chronic cases of our own country. This, however, does not seem to have been thought of; but, after having tried a long list of different series of medicines in hospital and in private practice to no purpose, the patient was at length fortunate enough, when under the care of Dr. Monsey, to be put, as a forlorn hope, upon a brisk course of calomel, of which he took five grains every night with a purge of rhubarb or cathartic extract the ensuing morning for nearly a fortnight in succession; and having thus transferred the morbid irritability of the skin to the intestinal canal, the disease left him.

Beneficial
effects of
calomel.

SPECIES III.
EXORMIA PRURIGO.
PRURIGINOUS RASH.

ERUPTION DIFFUSE: PIMPLES NEARLY OF THE COLOUR OF THE CUTICLE; WHEN ABRADED, EMITTING A FLUID THAT CONCRETES INTO MINUTE BLACK SCABS; INTOLERABLE ITCHINGS, INCREASED BY SUDDEN EXPOSURE TO HEAT.*

IN the symptoms of a papular eruption, and an intolerable itching, this species makes an approach to the preceding; but it differs from it essentially in the colour of the papulæ, and in the nature of the itching, which is often far more simple; and, when combined with a sense of stinging, gives a feeling peculiar to itself, like that of a nest of ants creeping over the body and stinging at the same time.

GEN. III.
SPEC. III.
How far related to lichen.

It offers the three following varieties, the last of which chiefly differs from the second in being more inveterate:—

- | | |
|--|---|
| <p>α Mitis.
Mild prurigo.</p> | <p>Pimples soft and smooth: itching at times subsiding†; chiefly common to the young and in spring time.</p> |
| <p>β Formicans.
Emmet prurigo.</p> | <p>Pimples varying from larger to more obscure than in the last; itching incessant‡, and accompanied with a sense of pricking</p> |

* Prurigo, a chronic inflammation of the integuments, characterised by papulæ, which are nearly of the same colour as the skin, and accompanied with acute itching; they naturally terminate in resolution, and with small black circular scabs, when they have been broken by the nails. (See Rayer, *Traité des Maladies de la Peau*, tom. i. p. 601.) The symptoms of itching, or pruritus, in a greater or less degree, is common to most diseases of the skin, and especially to urticaria, the itch, eczema, strophulus, lichen, &c. Now, as Rayer correctly remarks, although this sensation has a particular character in prurigo, it cannot be regarded as a pathognomonic symptom of it. The true character of this disease consists in an eruption of papulæ, whose form and colour, like that of the skin, distinguish them from the papulæ of lichen and strophulus. Op. et vol. cit., p. 610. — ED.

† The itching is generally most troublesome when the patient is in bed. It is excited or aggravated by the part being touched or rubbed with the clothes, by the body being heated, by the process of digestion, violent exercise, &c. The pruritus sometimes has intermissions of three or four hours, especially at periods when the patient's mind is very much engaged. See Rayer, *Traité des Maladies de la Peau*, tom. i. p. 602. — ED.

‡ The paler the papulæ, the more violent in general the itching. The papulæ extend over the whole body, excepting the face, feet, and palms of the hands; and particularly form on parts exposed to friction, or subject to have bands round them, as the nape of the neck, the loins, and the thighs. (See Rayer, tom. i. p. 603.) The apices of most of the papulæ are torn off by the patient scratching the part, and the skin appears studded with small thin black scabs, which are more conspicuous than the unbroken papulæ; the latter, on account of their diminutive size, and of their colour being like that of the skin, being often difficult to distinguish. — ED.

GEN. III.
SPEC. III.
Exormia
prurigo.

γ Senilis.
Inveterate prurigo.

or stinging, or of the creeping of ants over the body; duration from two months to two or three years, with occasional but short intermissions: chiefly common to adults.

Pimples mostly larger than in either of the above, sometimes indistinct, giving the surface a shining and granulated appearance; itching incessant*: common to advanced years, and nearly inveterate.

General remarks.

In all the varieties the itching differs in its extent; being sometimes limited to a part only of the body, and sometimes spreading over the entire frame.† Courmette relates a case in which it alternated from side to side‡: and in many instances it appears periodically. Hence, in Willan, we have not only an account of the three preceding varieties, but of several others, which chiefly, if not entirely, differ from them in being limited to particular parts; as prurigo podicis, p. præputii, p. urethralis, p. pubis, p. pudendi muliebris.

General causes and ordinary abode.

A common cause of this species in all its varieties, though by no means the only cause, is want of proper cleanliness of the skin and of apparel; and hence it is found most frequently in the hovels of the poor, the squalid, and the miserable. § Yet, as it is not always found under these circumstances even where there is the grossest uncleanness, some other cause jointly operating in such situations, some idiopathic condition of the skin, by which the sordes thus collected and obstructing the mouths of the cutaneous exhalents becomes an active irritant, must be admitted. || One of these conditions appears to be a skin peculiarly delicate and sensible, which is mostly to be found in early life; and another, a skin peculiarly dry and scurfy, which is a common condition of old age; on which account repelled perspiration is correctly set down as a cause by Riedlin. Even in the cleanliest habits, these peculiarities of the skin often become causes of themselves, and of a more intractable kind than mere sordes, as they are far more difficult of removal. A diet of fish alone has sometimes excited such a habit; and an habitual addiction to spirituous drinks, whether wine, ale, or alcohol, produces also, in many persons, a like sensibility of the surface, and lays a foundation for the disease in its most obstinate form.

Particular causes.

The papulæ when chronic form exulcerations.

Which sometimes become

Where the rash continues long, and becomes pertinacious, the papulæ form minute exulcerations, degenerating, in the first variety, into a species of contagious itch, and, in the second, into a running scall; which last, in the third or inveterate variety, sometimes forms

* The part is generally a good deal injured by scratching, and there is an abundant furfuraceous desquamation. Rayer, op. et vol. cit., p. 604. — Ed.

† Sitonius, Tr. 34, Loescher.

‡ Journ. Med., tom. lxxxv.

§ Prurigo is particularly disposed to attack the two extremes of life; it is more common amongst the poor than the rich, and oftener seen in men than women. Rayer, op. et vol. cit., p. 609. — Ed.

|| According to Rayer, prurigo is often produced by residence in low, damp situations, and especially by uncleanness. — Ed.

nests for various parasitic insects*, and especially for several species of the *acarus* and *pediculus*, to which Dr. Willan adds the *pulex*. In treating of intestinal animalcules, we had occasion to observe, that "they appear, from the luxuriance of their haunts and repasts, to be, in various instances, peculiarly enlarged and altered from the structure they exhibit out of the body; whence a difficulty in determining, in many cases, the exact external species to which a larve, worm, or animalcule found within the body, may belong."† This remark applies with peculiar force to the parasites detected in the diseases before us, some of which grow to such an enormous size, and with such altered characters, from rioting on so plentiful a supply of juices, that it is by no means easy to recognise them. Dr. Willan describes an insect of this kind, found in great abundance on the body of a patient suffering under the inveterate prurigo, which he at first took for a *pediculus*, though from the nimbleness of its motions, as well as from other characters, he at length ascertained it to be a *pulex*, not described by Linnæus: more probably, from the causes just stated, so altered in its form, as not to be easily referred to the species to which it really belongs.

Thorough and regular ablution and cleanliness are here, therefore, peculiarly necessary, and these will often succeed alone, especially in the first variety.‡ If they should not, sulphur and the sulphureous waters, as that of Harrogate, taken internally, and applied to the skin itself, have sometimes been found serviceable.§ Soda, combined with sulphur and taken internally with infusion of sassafras or juniper-tops, is peculiarly recommended by Dr. Willan. Small doses of the blue pill, as three or four grains every night, combined with a like proportion of the extract of colocynth, is often found serviceable, and especially where the complaint is obstinate and has become chronic. Where it is of

GEN. III.

SPEC. III.

Exormia
prurigo.
 nests for para-
sitic insects, as
the *acarus* and
pediculus.

 Often altered
in their form
from the
luxuriance of
their repast.

Illustration.

Medical
treatment.Blue pill with
colocynth.

* Sommer, Diss. de affectibus pruriginosis Senûm. Loescher, Diss. de pruritu senili totius corporis. Witeb. 1728. Rayer observes, that besides the papulæ, characteristic of prurigo, accidental lesions are sometimes noticed, which disappear as soon as the irritation occasioning them itself ceases. When individuals, afflicted with prurigo, neglect cleanliness, pustules, vesicles, and furuncles may originate in the midst of the papulæ; the skin may have more or less considerable cracks in it, and indeed become of great thickness. When the disease is of long standing, especially in old persons, the epidermis is thrown off in small scales, or a furaceous desquamation occurs at different points on the trunk and limbs. Itch and impetigo may accidentally complicate prurigo; but Rayer deems it incorrect to say, with Willan and Bateman, that they take place as terminations of this disease. (See Rayer, *Traité Théorique, &c. des Maladies de la Peau*, tom. i. p. 605.) Independently of these accidental affections of the skin, general prurigo may be complicated with other internal inflammations. In prurigo formicans, the eruption of papulæ is sometimes preceded by headach, uneasiness, and pain in the epigastrium. On the other hand, when individuals, affected with prurigo, are seized with an acute disorder, the papulous eruption is almost always lessened, and sometimes it completely disappears. Rayer, loco cit. — ED.

† Vol. i. *Helminthia erratica*, p. 276.

‡ Cold or tepid baths are set down by Rayer as the best of all the local remedies for prurigo. Sometimes, however, the patients experience the greatest relief from plunging themselves every day for an hour in a bath of some emollient decoction, like that of bran. — ED.

§ A cure has occasionally been effected by means of sulphurous fumigations, though the irritation produced by them sometimes makes it necessary to suspend their employment, and to have recourse to simple bathing, vapour baths, or emollients. See Rayer, op. et vol. cit., p. 613. — ED.

GEN. III.
SPEC. III.
Exormia
prurigo.
Treatment.
Dilute solution
of ammonia for
a lotion, or of
potash.
Mode of action.

fresher origin, washing the parts affected with a diluted solution of ammonia or potash, as for example, a drachm of liq. ammon. sub-carbonatis, or hartshorn, to an ounce of water; or half a drachm of the liquor potassæ to the same proportion of water. This will produce a new excitement or counter-stimulus; and the specific irritation will be generally lost in the common, which we may rest from as soon as necessary: a remark, which it may be advantageous to bear in mind through most of the cutaneous affections before us; as in numerous instances they will yield, if early attended to under a like treatment, and it is for the same reason that they have often given way to an occasional use of aromatic vinegar, or a diluted solution of nitrate of silver. In a very obstinate and chronic case, Mr. Wilkinson tells us that he derived very great benefit from a free use of an ointment consisting of equal parts of sulphur* and tar united by means of lard, with two drachms of hydro-sulphuret of ammonia, and four ounces of chalk to every pound and a half. This was liberally applied over the whole extent of the eruption every day, and washed off every other day. The compound calomel pill and the arsenic solution, however, were employed internally in the meanwhile; and the parts occasionally washed with undiluted aromatic vinegar, or else a solution of nitrate of silver, previous to the application of the ointment.† If the constitution have suffered from a meagre diet, or be otherwise exhausted, general tonics and a nutritive food must necessarily form a part of the plan.

Sometimes
peculiarly
pertinacious.

Striking
illustration.

General course
of medicines
tried in vain.

Cold spring
water as a
lotion, and free
doses of opium,
serviceable.

In many cases, however, of the second variety, and in still more of the third, this pertinacious and distressing complaint bids defiance to all the forms of medicine, or the ingenuity of man: and I cannot adduce a stronger illustration of this remark, than by referring to an attack which it lately made on one of the brightest ornaments of medical science in our own day, whose friendship allows me to give the present reference to himself. It is now something more than four years since he was first visited with this formicative but colourless rash, which affected the entire surface, but chiefly the legs: and he has since tried every mean that the resources of his own mind or the skill of his medical friends could suggest, yet for the most part without any thing beyond a palliative or temporary relief. The tepid bath produced more harm than good, though several times repeated: Harrogate water, internally and externally had recourse to, was of as little avail: acids and alkalies, separate or conjoined, in whatever way made use of, failed equally; nor did purgatives or diaphoretics, or any of the alterative diet drinks, or the alterative metallic preparations, answer better. The coldest spring water employed as a bath or lotion, and free doses of opium as a sedative, were the only medicines from which he at any time derived any decided relief, and these constantly afforded it for a short time. In the middle of the coldest nights of the pre-

* Rayer states, that benefit is seldom derived from mercurial or sulphur ointment, lime-water lotions, or a solution of the sublimate; but he mentions, that the pruritus may be appeased by applying an ointment containing hellebore and hydro-chlorate of ammonia. Mercurial washes may be prescribed with advantage for prurigo formicans, especially when complicated with pediculi. Under other circumstances, ablution with cold or tepid water affords great relief. — Ed.

† Remarks on Cutaneous Diseases, p. 30. 1822.

ceding winter, and the still colder nights of the winter before, he was repeatedly obliged to rise and have recourse to sponging with cold water, often when on the point of freezing. The opium he took never procured real sleep, nor abated the complaint, but generally threw him into a quiet kind of reverie, which produced all the refreshment of sleep; and to obtain this happy aphelxia, or abstraction of mind, he was compelled to use the opium in large doses, often to an extent of ten grains every twenty-four hours, for weeks together, and rarely in less quantity than five or six grains a day and night for many months in succession. The change operated on the general habit by this peculiar sensibility of the skin was not a little singular; for first, in the midst of the distraction produced by so perpetual a harassment, and the necessary restlessness of nights, neither his animal spirits nor his appetite in any degree flagged, but, upon the whole, rather increased in energy, and his pulse held true to its proper standard. And next, though opium was wont to disagree with him in various ways antecedently, it proved a cordial to him through the whole of this tedious affection, without a single unkindly concomitant, and never rendered his bowels constipated. From the long continued excess of action there was at length an evident deficiency in the restorative power of the skin; for two excoriations, arising from the eruption, degenerated into sloughing ulcers. At the distance of about nineteen or twenty months from the first attack, he began to recover; the skin which had been so long in a state of excitement lost its morbid sensibility, and became torpid: he had rarely occasion to have recourse to cold ablutions, but dared not trust himself through the day without a dose of opium, as an exhilarant, though the quantity was considerably reduced. For many months, also, he took the bark and soda as a general tonic. Perhaps the most instructive part of this case is the great advantage and safety of the external application of cold water, as a refrigerant and tonic in cutaneous eruptions accompanied with intolerable heat and irritation. And it is possible, that half the wells, which in times of superstition were dedicated to some favourite saint, and still retain his proper name, derive their virtue from this quality, rather than from any chemical ingredient they contain, which has often as little to do with the cure as the special interposition of the preternatural patron.*

I do not know that the prussic acid† has hitherto been introduced into practice in this kind of rash: but as I have reason to think it has occasionally proved successful in the wild lichen as well as in various other disorders of the skin, accompanied with severe irritation, it may be tried, with some hope, internally, in

GEN. III.
SPEC. III.
Exormia
prurigo.
Treatment.

Animal spirits
not affected:
nor appetite.

Prussic acid
internally,

* Of all the general remedies for prurigo, blood-letting and cooling diluent beverages seem to Rayer the most useful; as whey, barley water, lemonade, &c. (tom. i. p. 614.) Bleeding he considers as invariably called for in young plethoric individuals. In women, whose menses are suppressed, he advises leeches to be applied to the vulva. Persons who have indulged too much in high-seasoned dishes and spirituous liquors, he recommends to be kept for some time on a vegetable diet, or asses' or goats' milk. — ED.

† The editor has frequently employed the following lotion with success: —

R Hydrarg. oxymuriatis, gr. iij.

Acidi hydrocyanici, f. ʒj.

Mist. amygdalæ amaræ, f. ʒ viij.

Ft. lotio partibus affectis subinde applicanda.

GEN. III.
SPEC. III.
Exormia
prurigo.
and externally,
or laurel water.

doses of three or four minims two or three times a day; and, perhaps, not without a beneficial effect, in a dilute solution externally: for which, however, the laurel water itself may form a convenient substitute.

SPECIES IV.

EXORMIA MILIUM.

MILLET-RASH.

PIMPLES VERY MINUTE; TUBERCULAR; CONFINED TO THE FACE;
DISTINCT; MILK-WHITE; HARD; GLABROUS; RESEMBLING
MILLET-SEEDS.

GEN. III.
SPEC. IV.
Grutum of
Plenck,
resemblance to
strophulus
albidus: in
what respect
discrepant.

Medical
treatment.

THIS species is taken from Plenck, who denominates it *grutum sive milium*. It is a very common form of simple pimple or *exormia*, and must have been seen repeatedly by every one, though, with the exception of Plenck, I do not know that it has hitherto been described by any nosologist. It has a near resemblance to the white-gum of children, as described by Dr. Underwood, the *strophulus albidus* of Willan, and the present system. But the pimples in the *milium* are totally unattended with any kind of inflammatory halo or surrounding redness; and are wholly insensible. They are sometimes solitary, but more frequently gregarious. It is a blemish of small importance, and rarely requires medical interposition: but as it proceeds from a torpid state of the cutaneous excretories, or rather of their mouths or extremities which are obstructed by hardened mucus, stimulant and tonic applications have often been found serviceable, as lotions of brandy, spirit of wine, or tincture of myrrh, or a solution of sulphate of zinc with a little brandy added to it.

When this species becomes inflamed, it lays a foundation for a *varus* or stone-pock, which we have already described under the order of INFLAMMATIONS in the third class of the present system.*

* Vol. ii. p. 54.

GENUS IV.

LEPIDOSIS.

SCALE-SKIN.

EFFLORESCENCE OF SCALES OVER DIFFERENT PARTS OF THE BODY, OFTEN THICKENING INTO CRUSTS.*

LEPIDOSIS is a derivative from λεπίς, -δος, "squamma." The Greek is preferred to the Latin term, in concurrence with the general rule adopted in the present system in regard to the names of the classes, orders, and genera. The genus includes those diseases which consist in an exfoliation of the cuticle in scales or crusts of different thickness, and with a more or less defined outline, in many cases owing to a morbid state or secretion of the rete mucosum or adipose layer of the part immediately beneath, which is sometimes too dry or deficient in quantity; sometimes perhaps absent altogether; sometimes charged with a material that changes its natural colour; and sometimes loaded with an enormous abundance of a glutinous fluid, occasionally combined with calcareous earth. In the severer cases, the true skin participates in the change.

As this colorific substance, forming the intermediate of the three lamellæ that constitute the cutaneous integument, is only a little lighter in hue than the true skin among Europeans, it is not often that we have an opportunity in this part of the world of noticing the changes effected upon it by different diseases: but as among negroes it contains the black pigment by which they are distinguished, such changes are among them very obvious:

GEN. IV.

Origin of the generic term.

General character of the genus.

Rete mucosum frequently affected.

Illustrated.

* It is the character of scaly inflammations to make their appearance as elevations, or red spots, on which scales form, consisting of layers of altered cuticle, continually separating from the surface of the skin. (Rayer, tom. ii. p. 1.) In psoriasis and lepra, the elevations unite together, spread, and are soon transformed into scaly layers of various shapes and dimensions. In pityriasis, however, the scales seem to be composed of the cuticle unchanged; but in lepra and psoriasis, they consist of layers of cuticle thickened, opaque, silky, and very brittle. When these scales are removed, or spontaneously thrown off, the subjacent corpus reticulare is found red and inflamed. Lastly, inveterate scaly inflammations are always accompanied by cracks and a morbid thickening of the skin. These inflammations, as Rayer observes, are sometimes confined to the points where they first commenced, and occasionally get well in these situations, but break out in others. They excite itching, pricking, and heat, which are invariably exasperated by whatever increases the temperature of the surface of the body. These sensations are commonly most acute, when the disease is in the axillæ, or on the scalp. Cutaneous transpiration is interrupted in the places occupied by the scales; and when they have invaded successively almost the whole surface of the body, the urinary secretion, and pulmonary exhalation, are usually increased in quantity. According to the same authority, scaly inflammations are often blended together, —a proof of the identity of their nature; and they are more rarely conjoined with other kinds of inflammation. They are more frequent in the lower, than the upper classes of society, and in women, than men. None of them are contagious; but numerous facts prove that they may be hereditary. — Ed.

GEN. IV.
Lepidosis.

Sometimes the cuticle hereby separated from the cutis.

Together with the nails and hair: separated periodically.

Minute exfoliations in the present genus.

for the individual is sometimes hereby, as we shall see presently, rendered piebald, or spotted black and white; and there are instances in which the whole of this substance, or rather of its colouring part, being carried off by a fever, a black man has suddenly been transformed into a white.

Changes of this kind often occur without any separation of the cuticle from the cutis; but if the fever be violent, such separation takes place over the entire body, and the cuticle is thrown off in the shape of scurf, or scales, or a continuous sheath. And sometimes the desquamation from a hand has been so perfect that the sheath has formed an entire glove. The same effect has followed occasionally from other causes than fever, as on an improper use of arsenic * or other mineral poisons, on being bitten by a viper †, and sometimes on a severe fright. ‡ There are various instances, in which the nails have exfoliated with the cuticle §, and others in which the hair has followed the same course. Sometimes, indeed, a habit of recurrence has been established, and the whole has been thrown off and renewed at regular periods ||; in one instance, once a month. ¶

In the genus before us, the exfoliations are of a more limited kind, and, in some instances, very minute and comparatively insignificant. In the severer forms, however, the true skin participates in the morbid action, and the result is far more troublesome.

The species it presents to us are the following: —

- | | |
|--------------------------|-----------------|
| 1. LEPIDOSIS PITYRIASIS. | DANDRIFF. |
| 2. ————— LEPRIASIS. | LEPROSY. |
| 3. ————— PSORIASIS. | { DRY SCALL. |
| | { SCALY TETTER. |
| 4. ————— ICHTHYIASIS. | FISH-SKIN.* * |

* De Haen, Rat. Med., part x. cap. ii.

† Eph. Nat. Cur., Dec. i. ann. iv. v. obs. 38.

‡ Act. Nat. Cur., vol. vii. obs. 43.

§ Eph. Nat. Cur., Dec. iii. ann. ii. obs. 124.

|| Gooch, Phil. Trans. 1769.

¶ Eph. Nat. Cur., Dec. iii. ann. i. obs. 134.

** Rayser considers that Willan, in arranging ichthyiasis with the other three scaly diseases above specified, has attached too great an importance to the scales, which seem to be only secondary productions. (See *Traité des Maladies de la Peau*, tom. ii. p. 2.) The scaly eruption of syphilis, he also prefers classing with another order of cutaneous diseases. — Ed.

SPECIES I.
LEPIDOSIS PITYRIASIS.

DANDRIFF.

PATCHES OF FINE BRANNY SCALES, EXFOLIATING WITHOUT
CUTICULAR TENDERNESS.*

THIS species is the slightest of the whole: its varieties are as follow: —

GEN. IV.
SPEC. I.

- | | |
|--|---|
| α Capitis.
Dandriff of the head. | Scales minute and delicate: confined to the head; easily separable. Chiefly common to infancy and advanced years. |
| β Rubra.
Red dandriff. | Scaliness common to the body generally; preceded by redness, roughness, and scurfiness of the surface. |
| γ Versicolor.
Motley dandriff. | Scaliness in diffuse maps of irregular outline, and diverse colours, chiefly brown and yellow; for the most part confined to the trunk. |

Pityriasis is a term common to the Greek physicians, who concur in describing it, to adopt the words of Paulus of Ægina, as “the separation of slight furfuraceous matters (πιτυράδων εωμάτων) from the surface of the head, or other parts of the body, without ulceration.” The same character is given by the Arabian writers, and especially by Avicenna and Ali Abbas. But several writers, both Greek and Arabian, who have thus described it generally, limit its extent to the head, which is the ordinary seat of the porrigo or scabby scall, characterised by ulceration and a purulent discharge, covered by minute scabs; and hence in some writers pityriasis has been confounded with porrigo; or, in other words, the dry and branny scale with the pustular scab; which, however, there is no difficulty in accounting for, since the first variety, whose seat is also in the head, has a tendency, if neglected, and the minute and scurfy scales grow thicker and broader, and crustaceous, to degenerate into porriginous pustules.

Import of the specific term used by Greek and Arabian writers.

How distinguished from porrigo.

THE FIRST VARIETY; OR DANDRIFF OF THE HEAD, when it attacks infants, exhibits minute scales, and when it appears in advanced age, scales of larger diameter. It shows itself at the upper edge of the forehead and temples as a slight whitish scurf, set in the form of a horse shoe; on other parts of the head there are also cuticular exfoliations, somewhat larger, flat, and semi-pellucid. Sometimes, however, they cover nearly the whole of the hairy scalp, either imbricated, or with an overlap, as in tiling.

α L. Pityriasis capitis.

* A chronic superficial inflammation of the skin, characterised by small red spots, often scarcely discernible, and followed by a permanent scurfy desquamation. Rayer, tom. ii. p. 56. — ED.

GEN. IV.

SPEC. I.

α L. Pityriasis
capitis.

Mode of treat-
ment.

β L. Pityriasis
rubra.

Mode of treat-
ment.

γ L. Pityriasis
versicolor.

Striking proof
of an affection
of the rete
mucosum.

Relation to
the genus
epichrosis.

Rarely appears
over the spine,
but sometimes.

Strikingly
exemplified.

Is of long
continuance,
sometimes for
years.

Little attention is necessary to this complaint beyond that of cleanliness, and frequent ablution; when, however, the hairy scalp is attacked, it is better to shave the head, after which the scales may be removed by a careful use of soap and warm water, or by an alkaline lotion.* This is the more expedient, because the scales in this situation are often intermixed with sordes, and pustules containing an acrimonious lymph are formed under the incrustations: and in this way pityriasis, as we have already observed, may, and occasionally does, degenerate into porrigo.

The SECOND VARIETY, OR RED DANDRIF, sometimes affects the general health in a perceptible degree, from the suppression which takes place in the perspiration, and the consequent dryness, stiffness, and soreness of the skin; and the general itching which hence ensues is often productive of much restlessness and languor. This, which is the severest modification of the disease, appears chiefly at an advanced period of life, though it is not limited to old age. A tepid bath of sea-water is, perhaps, the most useful application, as serving to soften the skin, and produce a gentle diapnoë. With this external remedy Dr. Willan advises us to unite the compound decoction of sarsaparilla, and antimonials, which operate towards a like effect. The tinctura hellebori nigri in small doses has also sometimes been found useful; and when the irritability of the skin is not very great, Dr. Bateman was in the habit of using a gently restraining lotion or ointment, consisting of the acetate of lead with a certain proportion of borax or alum.

The variegated or MOTLEY DANDRIF, pityriasis versicolor, often branches out over the arms, back, breast, or abdomen, but rarely in the face, like many foliaceous lichens growing on the bark of trees; and sometimes, where the discoloration is not continuous, suggests the idea of a map of continents, islands, and peninsulas, distributed over the skin.

We have a more distinct proof of a morbid condition of the rete mucosum, or adipose colorific layer of the skin, in this, than in any other affection belonging to the entire genus. The morbid action, indeed, seems confined to this quarter, and consists in the secretion of a tarnished pigment, though possibly, in some instances, it may be only discoloured, by a mixture with a small portion of extravasated blood. And, were it not for the furfuraceous scales, which determine its real nature, this affection would belong to the genus EPICHRISIS of the present order. There is no elevation; and the staining rarely extends over the whole body. Dr. Willan tells us, that it seldom appears over the sternum or along the spine of the back. I had lately a patient, however, in a gentleman about forty years old, who was suddenly attacked with a discoloration and branny efflorescence of this kind, which extended directly across the spine over the loins, and very nearly girded the body. It continued upon him for about three years without any constitutional indisposition, or even local disquietude, except a slight occasional itching, and then went away as suddenly as it made its appearance. The hue was a fawn-colour: and, as the patient was anxious to lose it, he tried acids, alkalies, and other detergents of

* Soapy lotions, or decoctions of poppies, or bran, with or without the addition of acetate of lead, to diminish the itching. Rayer, tom. ii. p. 59. — ED.

various kinds, but without any effect whatever. This variety of dandriff generally continues for many months, and not unfrequently, as in the present case, for several years. Being altogether harmless, it requires no medical treatment.

The pityriasis nigra of Willan, referred to by Bateman, but only glanced at by either of them, so far as I have seen it, is rather a modification of the genus *EPICHRYSIS*, and species *Pæcilia*, under which it will be noticed. It is a cuticular discoloration, but without cuticular exfoliation.

GEN. IV.
SPEC. I.
γ L. Pityriasis
versicolor.

Pityriasis
nigra of
Willan.

SPECIES II.

LEPIDOSIS LEPRIASIS.

LEPROSY.

PATCHES OF SMOOTH, LAMINATED SCALES; OF DIFFERENT SIZES,
AND A CIRCULAR FORM. *

THIS genus constitutes the vitiligo of Celsus. The term LEPRIASIS is a derivative from λέπρος, “scaber, vel asper ex squammulis decedentibus;” with a termination appropriated, by a sort of common consent, to the squamose tribe of diseases.† Lepra, which is the more common term, is derived from the same root: but lepriasis is preferred to lepra, as a more general term, and hence better calculated to comprise the different varieties of this species so generally described or referred to by the Greek and Oriental writers, but whose descriptions, not very definite when first written, at least, with a few exceptions, have been rendered altogether indefinite and incongruous in modern times, from a misunderstanding or confusion of the names under which the descriptions are given. It is to this cause we must ascribe it, that, even in the learned epitome of Dr. Frank, lepra is made to include diseases so different, as genuine leprosy in all its forms, ichthyiasis, elephantiasis, and elephantia, which he distinguishes from elephantiasis from its locality, and a few other symptoms.‡

The embarrassment which Dr. Bateman felt upon this subject, when writing on the genus ELEPHANTIASIS, and which has been noticed already §, he was equally sensible of when he came to LEPRA, and the researches of Dr. Willan gave him little or no assistance. I could not then find time to render him the aid he stood in need of, but I have since directed my attention to the subject, and will now give the reader its results as briefly as possible.

GEN. IV.
SPEC. II.

Vitiligo of
Celsus.
Origin of
generic term.

Lepriasis why
preferred to
lepra.

Descriptions
have been given
with too little
discrimination
both in ancient
and modern
times.

Bateman fully
sensible of this.

* Rayer adds, — surrounded by a reddish prominent circle, and depressed in their centre, scattered over the surface of the integuments, and whose formation has not been preceded by vesicles or pustules. See *Traité Théorique et Pratique des Maladies de la Peau*, tom. ii. p. 4. — Ed.

† See the author's volume of *Nosology*. Prelim. Diss., p. 60.

‡ De Cur. Hom. Morb. Epit., tom. iv. p. 211. Mannh. 8vo. 1792.

§ Vol. II. Cl. III. Ord. iv. Gen. VIII. Spec. I.

GEN. IV.

SPEC. II.

Lepidosis
lepriasis.

Description of
this and various
cognate dis-
eases in the
Levitical code
exact and ad-
mirable.

Three of them
distinctly be-
long to the
present species :

Berat, Boak,
and Tsorat.

The same
three equally
noticed and
described by
Arabic and
Greek writers,
but with much
confusion of
terms and
symptoms.
Boak a slighter
and uncontaminating
berat: the
boak of the
Arabians and
alphos of the
Greeks.

Berat lebena
of the Hebrews
the beras bejas
of the Arabians.
The berat cecha
of the Hebrews:
the Arabian
beras asved;
the melas of
the Greeks.

Whence the
existing con-
fusion has
arisen.

Kouba of the
Arabians, its
real range and
import: in-
cluded the
genus psoriasis
as well as
lepidōsis.

And was ap-
plied to all the
species of beras
or leprosy.

In the admirable and exact description of the cutaneous efflorescences and desquamations, to which the Hebrew tribes were subject on their quitting Egypt, and which they seem to have derived from the Egyptians, drawn up by Moses, and forming a part of the Levitical law*, there are three that distinctly belong to the present species, all of them distinguished by the name of BERAT (בהרת) or "BRIGHT SPOT;" one called BOAK (כהק), which also imports brightness, but in a subordinate degree, being a dull-white beras, not contagious, or, in other words, not rendering a person unclean, or making necessary for him to be confined; and two called TSORAT (צרעת), "venom or malignity:" the one a *berat lebena*, or "bright-white berat†," and the other a *berat cecha*, "dark or dusky berat‡," spreading in the skin; both of which are contagious, or, in other words, render the person affected with it unclean and exclude him from society.§

The Arabic and Greek writers have in fact taken notice of and described all these, but with so much confusion of terms and symptoms, from causes I will presently point out, that, without thus turning back to the primary source, it is difficult to unravel them or understand what they mean.

The boak, or slighter and uncontaminating berat, is still denominated by the same name among the Arabians, BOAK (بماق), and is always the λέπρα αλφός, or "dull-white leprosy" of the Greeks: while the bright-white and dusky berats of the Hebrews, which the latter distinguished on account of their malignity by the name of צרעת (*tsorat*), are still called, among the Arabians, by the Hebrew generic term, with a very slight alteration; for the *berat lebena* (בהרת לבנה) or bright-white berat of the Hebrew tongue, is the *beras bejas* (برص بياض) of the Arabic, and the *berat cecha* (בהרת כח) or dusky berat its *beras asved* (برص اسود): the former of these two constituting the λέπρα λευκή, or "bright-white" leprosy of the Greeks, and the latter their λέπρα μέλας, "dusky or nigrescent leprosy."

So far the whole seems to run in perfect harmony: but as many of the Arabians, in process of time, used boak and beras indiscriminately, the different species of the disease as well as their qualities, became immediately confounded, and we are told sometimes that leprosy is, and at other times that it is not, unclean or contagious. And what increased the confusion is, that the Arabians employed also another term of still wider import than either of these, being (كوبا) (*kuba* or *kouba*), which imported scaly eruptions of every kind, running not merely parallel with the entire genus LEPIDOSIS before us, but something beyond, so as to include the humid as well as the dry scall; and consequently diseases of very different qualities and degrees of malignancy, contagious and uncontagious, cuticular and ulcerative. It is a term peculiarly common to the writings of Avicenna and Serapion. And as kouba, or with the article alkouba, was also frequently applied to all the species of beras or leprosy, the real characters of the latter were

* Levit., cap. xiii.

† Id., xiii. 38, 39.

‡ Id., v. 3.

§ Id., v. 6. 8.

rendered doubtful and intricate. And hence a very obvious source of confusion upon this subject originating among the Arabians.

But while the Arabian writers borrowed two terms appropriated to the disease before us from the Hebrew tongue, *beras* and *boak*, and employed both of them in a loose and indefinite manner, the Greeks themselves borrowed one and employed it still more indeterminately; for from the Hebrew *tsorat* they obtained their $\psi\acute{o\rho\alpha$ (*psora*) — as our own language has since the word *SORE*. *Tsorat*, as we have already seen, is restrained by the Hebrew legislator to the two forms of *beras* or leprosy which were contagious or rendered a man unclean; and, as the Greeks introduced this term into their own tongue, it would have been better to have restrained it to the same import, and to have used *psora* as the translation of *tsorat*. But the Greeks had the word *lepra* already by them, as significative of the same disease *generally*, or a synonym of *berat* or *beras*; and hence, instead of *psora*, they employed *lepra*, which is the word made use of in the Greek as well as in the Latin versions. As *lepra*, however, is a generic term, and runs parallel with *berat*, so as to include the *boak* or uncontaminating, as well as the contaminating forms of the disease, the clearness, if not the entire sense, of the Hebrew, is greatly diminished in the Greek version. When we are told by Moses, in the language of the *Hebrew Bible*, that the priest shall examine the *berat*, or bright spot, accurately, and if it have the specific marks, it is a *TSORAT* (which the *berat* is not necessarily), we readily understand what he means. But when he tells us in the language of the *Greek Bible*, that the priest shall look at the *berat* or $\tau\eta\lambda\alpha\upsilon\gamma\acute{\eta}\varsigma$ (which is itself necessarily a *lepra*), and if it have the specific marks it is a *LEPRA*, the meaning, to say the least of it, is obscure and doubtful. It is probable, however, that *psora*, when first introduced into the Greek tongue, imported the very same idea as in the Hebrew: but it soon gave way to the older term of *lepra*; and having thus lost its primitive and restricted signification, it seems to have wandered in search of a meaning, and had at different times, and by different persons, various meanings attributed to it; being sometimes used to express scaly eruptions generally, sometimes the scales of leprosy, but at last, and with a pretty common assent, the far slighter efflorescence of scaly tetters or scalls, denominated in the Levitical code *saphat* (סֹפֶת); and by the Latins *scabies*, or *impetigo sicca*: constituting the *PSORIASIS*, or ensuing species of the present classification. So that whilst in Hebrew, or under its primitive sense, *tsorat* or *psora* denoted the most malignant form of lepidosis, in Greek, or under its secondary sense, it denoted one of the mildest forms of the same. And hence, another source of confusion upon the subject before us originating among the Greek writers, as the preceding originated among the Arabian.

And when to these two sources of perplexity we add that the Greek term *lepra* was, from a cause I have formerly explained, employed equally to express elephantiasis, we shall easily be able to account for the indefinite and incoherent descriptions of all these diseases which are given by many of the Greek and Arabian writers, and the inaccuracy with which the symptoms of one specific disease are run into another. Actuarius endeavoured to throw something of order into the midst of this confusion by con-

GEN. IV.

SPEC. II.

Lepidosis
lepriasis.

While the Arabians borrowed *berat* and *boak* from the Hebrew and used them loosely, the Greeks from the Hebrew *tsorat* borrowed *psora*, as the English have *sore*: and used it with greater looseness, signifying not *lepra*, as among the Hebrews, but a crustaceous and pustulous disease. Proof of confusion hence arising illustrated.

Another source of perplexity from the use of *lepra* in the sense of elephantiasis.

Order attempted to be re-

GEN. IV.

SPEC. II.

Lepidosis
lepriasis.

stored by

Actuarius, but
without effect :

as some of the
diseases he
wished to con-
nect are es-
sentially re-
mote from each
other.

The vitiligo of
Celsus runs
parallel with
the berat of the
Hebrews, and
the description
is drawn with
peculiar ac-
curacy : and
both accounts
concur in the
following
varieties.

templating all these maladies, in conjunction with lichen, as different forms of a common genus, and dividing them into four separate species : — “ A less violent disease,” says he, “ than elephantiasis is lepra ; lepra is, however, more violent than psora, and psora than the lichenes. But lepra penetrates deep, forms circular eruptions and certain funguses or deliquescences of flesh (τινὰς σύντηξεις σαρκὸς), and throws off scales, from which also it derives its name : while psora is more superficial, assumes indeterminate shapes, and only casts off furfuraceous corpuscles. A roughness and itching of the skin is common to both.” * And to the same effect Paulus of Ægina. †

The real fact is, that the two last are nearly connected in nature, and in the present work follow in immediate succession, while both are widely remote from the first : and though it is possible they have occasionally terminated in it, are by no means naturally connected with it, or form a necessary harbinger.

Lepra or lepriasis in Celsus occurs under the name of vitiligo, and, like the berat of the Hebrew legislator, is made to include three modifications ; the ordinary forms of it, indeed, that have descended to us, though delineated with much error and incongruity. The description of Celsus is drawn up with peculiar accuracy and concinnity, and makes the nearest approach to that of Moses of any I am acquainted with : and by uniting them and combining a few well ascertained symptoms from other authors, we shall be able to obtain a pretty clear insight into the genuine characters of these modifications, freed from the extraneous concomitants that have so often bewildered us.

α Albida.

Boak (בהק). Heb.

Boak (بماق). Arab.

Alphos. (Ἀλφὸς). Auct.

Gr. Cels.

Common or dull-white
leprosy.

Scales glabrous, dull-white, circular and definite ; preceded by reddish, and glossy elevations of the skin ; surrounded by a dry, red, and slightly elevated border ; scattered ; sometimes confluent ; irregularly exfoliating and reproduced ; rarely found on the face : not contagious.

β Nigricans

Berat cecha ; Hebr.

(בהרת צחה).

Beras asved, Arab.

(نرس اسود).

Melas (Μέλας) Auct.

Gr. Cels.

Dusky or black
leprosy.

Scales glabrous, dusky or livid, without central depression ; patches increasing in size ; scattered, or confluent. Contagious.

γ Candida.

Berat lebena ;

(בהרת לבנה).

Scales on an elevated base, glossy-white with a deep central depression ; encir-

* Actuar. De Meth. Medend., II. 11.

† Paul. Ægin., 4. 2. Serapion., Breviar., Tr. v. cap. iv. Avicenna, lib. I. iii. 1.

Beras bejas. Arab.
(برص بياض)
Leuce (Λευκή) Auct.
Gr. Cels.
Bright-white leprosy.

clcd with a red border; GEN. IV.
patches increasing in size; SPEC. II.
hairs on the patches white Leprosis
or hoary; diffused over the leprosis.
body. Contagious.

All these, at least in their origin, are strictly cutaneous affections : though we shall probably have to observe, that the last two, when they become inveterate, sometimes seem to affect the habit ; and it is hence possible, that the first may do so in a long course of time, if neglected.

It is on this account that the boak, common or DULL-WHITE α L. leprosis
LEPROSY, has been regarded as in every instance a constitutional albida.
malady by many writers of recent times ; but it was not so regarded either by the best Greek and Arabian physicians, who also duly distinguished it from elephantiasis and other complaints, with which it has been confounded by later writers : nor is it so regarded by Dr. Willan, who ascribes it chiefly to cold, moisture, and the accumulation of sordes on the skin, especially in persons of a slow pulse, languid circulation, and a harsh, dry, and impermeable cuticle ; or whose diet is meagre and precarious. It is hence found chiefly in this metropolis among bakers and bricklayers' labourers ; coal-heavers, dustmen, laboratory-men, and others who work among dry, powdery substances, and are rarely sufficiently attentive to cleanliness of person.

In the common, and, perhaps, in all the varieties, the scaly patches commence where the bone is nearest to the surface, as along the skin about the elbow, and upon the ulna in the fore-arm, on the scalp, and along the spine, os ilium, and shoulder-blades. They rarely appear on the calf of the leg, on the fleshy part of the arms, or within the flexures of the joints. Both sides of the body are usually affected at the same time and in the same manner ; but, contrary to the erysipelatous erythema and some other maladies of the skin, the parts first affected do not run through their action and heal as other parts become diseased, but continue with little alteration, till, from medical application or the natural vigour of the constitution, returning health commences ; when all the patches assume a like favourable appearance at the same time, those nearest the extremities, and where the disease, perhaps, first showed itself, going off somewhat later than the rest. The scaly incrustations sometimes extend to the scalp, and a little encroach on the forehead and temples ; but it is very rarely that they spread to the cheeks, chin, nose, or eyebrows. The eruption is seldom attended with pain or uneasiness of any kind, except a slight degree of itching when the patient is warm in bed, or of tingling on a sudden change of temperature in the atmosphere.

History of the disease.

Progress,

and termination.

We have said that this variety is strictly a cutaneous eruption, and rarely, if ever, affects the constitution. It is in consequence regarded as of but little importance in the Levitical code, which contemplates it as not penetrating below the skin of the flesh, and not demanding a separation from society. " If a man or a woman," says the Jewish law, " have in the skin of their flesh a berat, a white berat, then the priest (who after the manner of the Egypt-

This variety strictly cutaneous, and of little importance. Illustrated from the Levitical ac-

GEN. IV.

SPEC. II.

α L. lepriasis
albida.count : and
from Celsus.Hence mani-
festly not
contagious.Opinion of
Willan.Though
lazarettoes are
often abroad
allotted to all
the varieties,
the present is
often regarded
as not con-
tagious.Illustrated in
the Barbary
states.Among other
tribes.Boak described
by Forskâl at
Mecca.β L. lepriasis
nigricans.How described
in the Levitical
code.Character by
Celsus.

ians united the character of a physician with his own), shall look ; and behold, if the berat in the skin of the flesh be dull, it is a BOAK *growing in the skin* : he is clean." * Not essentially different Celsus : — " The vitiligo, though it brings no danger, is, nevertheless, offensive, and springs from a bad habit of body. The dull-white and the dusky forms in many persons spring up and disappear at uncertain periods. The bright-white, when it has once made its attack, does not so easily quit its hold. The cure of the two former is not difficult : the last scarcely ever heals." †

We may hence distinctly affirm, that the variety of the dull-white or common leprosy is not contagious : and had it been so among the Jews, Moses would have condemned the patient to a quarantine under this form, as well as under the two ensuing. Dr. Willan, indeed, yielding to the general opinion upon this subject, derived from a proper want of discriminating one form of the disease from another, inclines to believe, that it may occasionally become in time so interwoven with the habit as to be propagable, but still rejects the idea of its being contagious. In reality, although in most countries where leprosy is a common malady, places of separate residence are usually allotted to those who are affected with it under whatever modification it may appear, this has rather been from an erroneous interpretation of the Jewish law, and an ignorance of the exceptions that are introduced into it. The lepers of Haha, a province in the Barbary states, though banished from the towns, are seen in parties of ten or twenty together, infesting the roads, and approach travellers to beg charity. In Morocco they are confined to a separate quarter, or banished to the outside of the walls. They are, according to Mr. Jackson, but little disfigured by the disease, except in the loss of the eyebrows, which the females endeavour to supply by the use of lead ore ; while they give an additional colour to their complexion by the assistance of al akhen or rouge.

In like manner, Niebuhr asserts, that one of the species of leprosy to which the Arabs are subject, is by them still called Boak ; but that it is neither contagious nor fatal. Upon which remark, his annotator, M. Forskâl, adds, " the Arabs call a sort of leprosy, in which various spots are scattered over the body, Behaq ; which is without doubt the same as is named בֶּהַק (bohak or behaq) in Lev. xiii. They believe it to be so far from contagious, that one may lie with the person affected without danger. On May 15. 1763," says he, " I saw at Mokha a Jew who had the leprosy bohak. The spots are of unequal size : they do not appear glossy : they are but little raised above the skin, and do not change the colour of the hair : the spots are of a dull-white, inclining to red." ‡

The NIGRESCENT LEPROSY, forming the second variety, is improperly called *black*, though it was so named by the Greeks. The colour, as repeatedly described by the Jewish legislator, is rather obscure, darkling, or dusky. The term is כֶּחָה (cecha), whence the Latin cœcus : and it immediately imports obfuscous, or overcast with shade or smoke. The character in Celsus is in perfect accordance

* Levit., cap. xiii. 38, 39.

† De Medicina, lib. v. cap. xxviii. sect. 19.

‡ Reisebeschreibung nach Arabien und andern umliegenden Landern. Kopenhagen. 4to. 1774.

with this, as he explains to us that μέλας, or “niger,” in its application to this variety, imports “umbræ similis,” “shade-like,” or “shadowed.” The hue is tolerably represented in Dr. Willan’s plate, but better in Dr. Bateman’s, in which it has been retouched. The natural colour of the hair, which in Egypt and Palestine is black, is not changed, as we are repeatedly told in the Hebrew code, nor is there any depression in the dusky spot; while the patches, instead of keeping stationary to their first size, are perpetually enlarging their boundary. The patient, labouring under this form, was pronounced unclean by the Hebrew priest or physician, and hereby sentenced to a separation from his family and friends: and hence there is no doubt of its having proved contagious. Though a much severer malady than the common leprosy, it is far less so than the *leuce* or third variety; and on this account is described more briefly in the Hebrew canon. In our own quarter of the world, the exfoliated surface in the nigrescent or dusky leprosy remains longer without new scales, discharges lymph, often intermixed with blood, and is very sore. When it covers the scalp it is particularly troublesome. With us it is chiefly found among soldiers, sailors, sculler-men, stage-coachmen, brewers’ labourers, and others whose occupations are attended with much fatigue, and expose them to cold and damp, and to a precarious or improper mode of diet. For the same reason, women, habituated to poor living and constant hard labour, are also liable to this form of the disease.

In consequence of the increased excitement and irritability of the skin in the hot and sandy regions of Egypt and Palestine, there is, however, a far greater predisposition to leprosy of all kinds, than in the cooler temperature of Europe. And hence, under the next variety, we shall have occasion to observe, from the Levitical account, that all of them were apt to follow various cracks or blotches, inflammations or even contusions of the skin.

The BRIGHT-WHITE LEPROSY is by far the most serious and obstinate of all the forms which the disease assumes. The pathognomonic characters, dwelt upon by the Hebrew legislator in deciding it, are, “a glossy-white and spreading scale, upon an elevated base; the elevation depressed in the middle, but without a change of colour; the black hair on the patches, which is the natural colour of the hair in Palestine, participating in the whiteness, and the patches themselves perpetually widening their outline.” Several of these characters taken separately belong to other lesions or blemishes of the skin as well, and therefore none of them were to be taken alone: and it was only when the whole of them concurred, that the Jewish priest, in his capacity of physician, was to pronounce the disease a *tsorat* (צֶרַעַת) or malignant leprosy. We have said that in lepriasis, the rete mucosum, or colorific layer of the skin, is peculiarly affected, and we have here a still more distinct proof of this assertion in the change of the hair, the colour of which has a relation to this material. This change is produced by the barter of a black for a white colouring material, probably a phosphate of lime, which gives also the bright glossy colour, not hoary or dull, to the scaly patches; and which in ichthyiasis, forming the fourth species of the present genus, we

GEN. IV.
SPEC. II.
β L. lepriasis
nigricans.

Hair on the
scalp not
changed in
colour.

A severer than
the preceding
variety, but less
so than the
subsequent.
Its character,
as it appears
in our own
country.

Greater pre-
disposition to
all the varieties
of leprosy in
hot than in
cooler climates.

γ L. lepriasis
candida.
Pathogno-
monics, as
pointed out in
the Levitical
law.

Several of these
taken sepa-
rately belong
to other
blemishes:
when all must
have concurred
in forming a
tsorat or ma-
lignant leprosy.

GEN. IV.

SPEC. II.

γ L. lepriasis
candida.Leprosy
probably re-
ceived by the
Hebrews from
the natives of
Egypt.Predisponent
causes :producing a
chronic predis-
position.Lesions and
blemishes
suspected as
harbingers.

shall find is occasionally deposited on the surface in prodigious abundance.

Common as this form of leprosy was among the Hebrews, during and subsequent to their residence in Egypt, we have no reason to believe it was a family complaint, or even known amongst them antecedently : and there is hence little doubt, notwithstanding the confident assertions of Manetho to the contrary, that they received the infection from the Egyptians, instead of communicating it to them. Their subjugated and distressed state, however, and the peculiar nature of their employment, must have rendered them very liable to this as well as to various other blemishes and misaffections of the skin : in the production of which there are no causes more active or powerful than a depressed state of body and mind, hard labour under a burning sun, the body constantly covered with the excoriating dust of brick-fields, and an impoverished diet ; to all of which the Israelites were exposed whilst under the Egyptian bondage.

It appears also, from the Mosaic account, that in consequence of these hardships, there was, even after they had left Egypt, a general predisposition to the tsorat or contagious form of leprosy, so that it often occurred as a consequence of various other cutaneous affections ; sometimes appearing as a *berat lebena* (בהרת לבנה), or bright-white leprosy, and sometimes as a *berat cecha*, (בהרת כחה), dusky leprosy, according to the peculiar habit or idiosyncrasy. The cutaneous blemishes or blains, which had a tendency to terminate in leprosy, and which were consequently watched with a suspicious eye from the first, are stated by Moses to have been the following : —

1. Shaat (שאת). *

Herpes or tetter, εἰλη, Sept. an irritated cicatrix.

2. Saphat (ספהת). †

Psoriasis, or dry scall. — Dry sahafata (سحفة). Arab.

3. Netek (נתק). ‡

Porrigo, or humid scall. Porrigo. Lat. vers. Jun. et Tremel. Moist sahafata (سحفة). Arab.

4. Berat (בהרת). §

Leuce, bright-white scale ; the critical sign of contagious leprosy.

5. Boak (בֹּאֵק). ||

Alphos, dull-white scale ; the critical sign of uncontagious leprosy.

6. Nega (נגע). ¶

Ictus, blow or bruise ; ἰκτύ Sept. Furunculus, or boil, as in Job ii. 7.

7. Shechin (שחין). **

8. Mecutash (מכות אש). ††

Anthrax, or carbuncle ; literally “a fiery inflammation.”

And hence by
law profes-
sionally ex-

On the appearance of any one of these affections upon a person, he was immediately brought before the priest for examination. If

* Levit., cap. xiii. 2. 10. 19. 43. † Id., v. 2. 6, 7, 8. ‡ Id., v. 30, 31.

§ Id., v. 2. et sæpè alibi.

|| Id., v. 39.

¶ Id., v. 29. 42.

** Id., v. 18.

†† Id., v. 24.

the priest perceived that, in connection with such blemish, there were the distinctive signs of a tsorat or contagious leprosy *, as a bright glossy and squamous surface, with a depression in the middle, and white hairs, the person was immediately declared unclean, and is supposed to have been sent out of the camp to a lazaretto provided for the purpose. If the priest had any doubt upon the subject, the person was put under domestic confinement for seven days, when he was examined a second time ; and if, in the course of the preceding week, the eruption had subsided, and discovered no tendency to the above distinctive characters, he was discharged at once. But if the eruption were stationary, and the result still doubtful, he was put under confinement for seven days more : at the expiration of which, on a third examination, the nature of the disease always sufficiently disclosed itself ; and he was either sentenced to a permanent separation from the community, or pronounced clean, and set at liberty.

These doubtful cases, as we have just noticed, sometimes superinduced the bright-white and sometimes the dusky leprosy, apparently according to the particular constitution of the skin, or of the habit generally. And we are further told, that there are two ways in which the disease, and particularly the severest or bright-white form of it, terminated ; — a favourable and an unfavourable. If it spread over the entire frame without producing any ulceration, it lost its contagious power by degrees ; or, in other words, ran through its course and exhausted itself. In which case, there being no longer any fear of further evil either to the individual himself or to the community, the patient was declared clean by the priest, while the dry scales were yet upon him, and restored to society.† If, on the contrary, the patches should ulcerate, and quick or fungous flesh (יֶשֶׁר חַי) spring up in them, the priest was at once to pronounce it an inveterate leprosy § ; a temporary confinement was declared to be totally unnecessary, and he was regarded as unclean for life. The accuracy with which this second termination is described, is fully confirmed by the passage quoted already, but, for another purpose, from Actuarius, and it is curious to observe how closely they coincide. “ The lepra,” says the latter, speaking of it in its worst form, “ penetrates deep, forms circular eruptions, and certain funguses or deliquescences of flesh.” But we meet with nothing in the Mosaic account that approximates it to elephantiasis : nothing of a thick, rugose, livid, tuber-

GEN. IV.

SPEC. II.

γ L. lepriasis candida.

amined on their appearance : mode of examination, and its consequences.

These precursors sometimes excited the leuce and sometimes the melas, according to the peculiarity of the constitution.

Both terminated in two ways: a favourable, in which it lost its contagious powers, after having run its course : and an unfavourable, terminating in fungous ulcerations.

This termination confirmed by Actuarius.

Beyond this nothing in the Mosaic account

* Rayet admits, that the etiology is very obscure ; but he maintains that lepriasis is not propagated by contact, either mediate or immediate. Husband and wife, he says, may live together without communicating it. All that has been written about the pretended contagiousness of lepriasis he pronounces to be incorrect, and declares that the most false inferences on this point have been drawn from receptacles for lepers, established in the eighth, ninth, and tenth centuries. (See *Traité Théorique, &c. des Maladies de la Peau*, tom. ii. p. 12.) The disease appears sometimes to have been excited by stimulating viands, and the abuse of spirituous liquors. It has been known to originate shortly after the introduction of poisonous substances into the digestive organs, as, for instance, salts of copper, or from the abuse of acids. Habitually eating game, salt spicy dishes, fish, or shell-fish, has been suspected to be concerned in producing lepriasis, though the disease is not more common on the sea-coast than in the interior. Grief and poverty have also been mentioned ; but it has been known to attack the rich and voluptuous. Rayet. — EN.

† Levit., cap. xiii. v. 12, 13.

‡ Id., v. 10, 14, 15.

§ Id., v. 11.

GEN. IV.

SPEC. II.

7 L. lepriasis
candida.

that approxi-
mates it to
elephantiasis,
the peculiar
symptoms of
which are not
even glanced
at.

Medical science
not often turned
to its cure in
the East with

culate, and particularly, an insensible skin; nothing of fierce and staring eyes, hoarse and nasal voice, or of a general falling off of the hair. And hence we have additional proof, that these maladies were distinct and unconnected. This malignant state of the disease, however, is still generally called, after the Greek misnomer, elephantiasis: and the two maladies in consequence hereof are to this hour confounded in the Greek islands, and even as far north as Iceland, the *ultima Thule* to which the literature of the Greeks has travelled: but we have sufficient proof in all these cases, from some of the best travellers of the present day, that the disease thus described is not the tubercular or thick-legged elephantiasis, but the above malignant form of genuine leprosy. Thus, Mr. Jowett, in his very interesting "Christian Researches in the Mediterranean," in describing the beautiful, but now, from its political reverses, most pitiable island of Haivali or Kydonia, near Scio;—"A little farther on is the hospital for lepers: it was founded by a leper. Elephantiasis is no uncommon disorder in these parts: its effects are very offensive. I saw poor men and women with their fingers or legs literally *wearing or wasting away*;*"—forming a character directly opposite to what occurs in proper elephantiasis: where the limbs, though they continue to crack, continue to thicken enormously, even to the moment of separation. Dr. Henderson, on the contrary, while describing the real elephantiasis in Iceland, calls it the Jewish leprosy, and offers a sort of apology for Moses that he "has not noticed the very striking anæsthesia, or insensibility of the skin †," which, continues he, "is an inseparable attendant of the genuine elephantiasis." The direct answer is, that Moses delineates a different disorder, and one in which no such symptom exists.‡

As leprosy, except in its less common and contagious modifications, has always been accounted a blemish, rather than a serious disease in the East, the art of medicine has rarely, in that quarter,

* Christian Researches in the Mediterranean, p. 65. 8vo. 1822.

† Iceland; or, the Journal of a Residence in that Island.

‡ Lepriasis differs in several respects from other chronic inflammations of the skin, and even from those which, like it, have a scaly form. In psoriasis, it is true, the cuticle, as in lepriasis, is more or less rough and scaly, and red on its adherent surface; but the shape of the scaly layers is irregular, whereas in lepriasis they are of a regular orbicular form. In psoriasis, the edges of the scales are neither elevated nor inflamed; and the surface of the subjacent skin has often fissures in it, of greater or less depth, and is generally more tender and irritable than in lepriasis. However, one variety of psoriasis (psoriasis guttata) has so much analogy to lepriasis, that it constitutes a kind of intermediate case between this disease and other varieties of psoriasis, the scales being distinct and isolated, like those of lepriasis, though they are small, seldom more than two or three lines in diameter, and their circumference is less regular. Syphilitic scaly eruptions also resemble lepriasis in their situation and their circular shape. In their size, and copper or livid colour, they are like the *lepra nigricans* of Willan, and their centre is flat, and covered with a very thin scale; but they are seldom more than six or eight lines in diameter. Besides, as Rayer adds, not only are the dryness and roughness, which are so remarkable in lepriasis, not observed in syphilitic scaly eruptions, but the latter, when old, are almost as soft and supple as other parts of the skin. Besides, the circles are livid or purple, destitute of scales, and rarely complete. Lastly, syphilitic scaly eruptions fade away, and are cured under the use of mercury, usually healing from the circumference, whereas the orbicular eruption of lepriasis gets well in the contrary direction, from the centre to the margin. See Rayer, *Traité des Maladies de la Peau*, tom. ii. p. 14. — ED.

been gravely directed towards it, save in the use of the oxide of arsenic, which is by far the most efficacious of every remedy that has hitherto been tried in any quarter. I have already had occasion to notice the preparation and proportion of this mineral, employed from time immemorial, in treating of elephantiasis, for which disease, also, it is in common use: and the reader may turn to the passage at his leisure. But, with the exception of arsenic, the remedies proposed by the Asiatics are trifling, and little worthy of notice.

In Europe, the mode of treatment has, indeed, been far more complicated, but I am afraid not much more skillful or successful: consisting, till of late years, of preparations quite as insignificant as any that occur in the Arabian writers, and often highly injurious by their stimulating property. Of the insignificant, the simplicity of modern practice has banished by far the greater number: and it is now, perhaps, hardly known to the general, or even to the medical botanist, that *meadow scabious*, and several other species of the same genus, were so denominated from their being supposed, when employed as a wash in the form of decoction, to possess an almost specific virtue against leprosy, litch, and almost every other kind of foul and scabious eruption.

Warm-bathing, simple or medicated, and this frequently repeated, is advantageous in all the varieties; for it tends to remove the scales, soften the skin, and excite perspiration. In the nigrescent leprosy, which proceeds chiefly from poor diet in connection with sordes, the bath should be of pure fresh water, and the remainder of the cure will generally, in such case, depend upon a better regimen and general tonics. In the other varieties, when they occur among ourselves, the sulphureous waters of Harrogate, Croft, and Moffat, whether applied externally or internally, seem frequently to prove more efficacious. As external applications, most benefit appears to be derived from the tar ointment, as employed by Dr. Willan, and a dilute solution of sublimate, or the unguentum hydrargyri nitrati, as recommended by Dr. Willan. These medicines should be applied to the skin, and the former of them be well rubbed in upon the parts affected, every night, and carefully washed off the next morning with warm water, a slight alkaline lotion, or the aromatic vinegar diluted with a third part of water.*

* When leprosy is recent and extensive, the affected parts of the skin highly inflamed, thickened, and vascular, the seat of excessive itching, and motion of the joints difficult, the disease would certainly be rendered worse by sea-bathing, friction, or sulphureous lotions. Here bleeding, anointing the parts with cream, fresh butter, or lard, afford prompt relief. If the eruptions are large, but not numerous, leeches may be applied in the circumference. The application of steam and emollients is also advantageous. When the case is of some standing, and attended with scarcely any inflammation, the skin is first to be cleaned with lotions, the warm bath, and slight frictions; and then, if the scales are strongly adherent, or consist of thick crusts, stimulating lotions, such as alcohol diluted, or a solution of sulphuret of potash, will promote the falling off of the scales, and advantageously influence the state of the case. When the scales have thus been detached, a little tar ointment, or of the ung. hydrarg. nitrati. diluted with ung. plumbi acet., may be applied to the skin in the evening, and the part washed the next day with warm water, or a lotion containing a little soap. It is under such circumstances, also, that sulphureous baths and waters are of service. Brimstone vapour baths have sometimes effected a cure, but, according to Rayer,

GER. IV.
SPEC. II.
γ L. leprosis
candida.
much serious-
ness, except
in the use of
arsenic.

Treatment in
Europe till of
late futile and
insignificant.

Warm-bathing.

Sulphureous
baths.

Tar ointment.
Solution of
sublimate.

Aromatic
vinegar.

GEN. IV.

SPEC. II.

γ *L. lepriasis*
candida.

Treatment.

Solanum
dulcamara.

As internal medicines, the most useful seem to have been the *solanum dulcamara*, and *ledum palustre*, in decoction or infusion. Dr. Crichton strongly recommends the former, and speaks in high terms of its success. I have not been so fortunate in the trials I have given it. The *ledum* in Sweden *, and, indeed, over most parts of the north of Europe, as high up as Kamschatka, has long maintained a very popular character, and the form of using it is thus given by Odhelius in the Stockholm Transactions for 1774. Infuse four ounces of the *ledum* in a quart of hot water; strain off when cold; the dose from half a pint to a quart daily.

The bark of the *ulmus campestris*, or elm-tree, has also been warmly recommended by various writers, for this, as well as numerous other cutaneous eruptions; and, in connection with more active medicines, appears to have been of some use; but it is feeble in its effect when trusted to alone. Its form is that of a decoction, two ounces to a quart of water: the dose, half a pint morning and evening.†

The *œnanthe crocata*, or hemlock drop-wort, is another plant that has been recommended in obstinate and habitual cases of this kind; and there are unquestionable examples of its having produced a beneficial effect. Dr. Pulteney has especially noticed its success in a letter to Sir William Watson. The herb, however, is one of the most violent poisons we possess in our fields, and when mistaken for wild celery, water-parsnip, or various other herbs, has frequently proved fatal a few hours after being swallowed, exciting convulsions, giddiness, locked jaw, violent heat in the throat and stomach, and sometimes sickness and purging: and where the patient has been fortunate enough to recover, it has often been with the loss of his nails and hair. Goats, however, eat it with impunity, though it is injurious to most other quadrupeds. As a medicine, it is given in the form of an infusion of the leaves: though sometimes the juice of the roots has taken the place of the leaves. Three tea-spoonfuls of the juice is an ordinary dose, which is repeated every morning.

But by far the most active and salutary medicine for every form of leprosy, in Europe as well as in Asia, is arsenic. I have already adverted to its common use in the latter quarter; and at home, in the form of the College solution, it has often been found to succeed, when every other medicine has been abandoned in despair. The ordinary dose is five minims twice or even three times a day, increased as the stomach will allow, or till the patient appears to be over-dosed, when he will exhibit several or all of the following symptoms: headach, a pain and often a sense of inflation in the stomach and bowels, cough, restlessness, irritation in the skin generally, redness and stiffening of the palpebræ, soreness of the gums, and ptyalism.‡

they more frequently fail. Acid vapour baths, sea-bathing, alkaline baths, and various natural warm mineral baths, are occasionally successful. When the leprous patches are few and of long standing, they may sometimes be cured by covering them with small blisters, or touching them superficially with a solution of chlorine, or diluted nitrate of mercury. Rayet, op. et vol. cit., p. 19. — ED.

* Linnæus, Diss. de Ledo Palustri. Upsal, 1775. Abhandl. der Königl. Schwed. Academie der Wissenschaften, band xli. p. 194.

† Medical Transactions, vol. ii. p. 203.

‡ The tincture of cantharides, in doses of five drops, increased sometimes to

œnanthe
crocata.

Arsenic.

Symptoms of
over-dose.

SPECIES III.

LEPIDOSIS PSORIASIS.

DRY-SCALL.

PATCHES OF ROUGH, AMORPHOUS SCALES; CONTINUOUS, OR OF
INDETERMINATE OUTLINE.: SKIN OFTEN CHAPPY.*

PSORIASIS is a derivation of ψώρα, “scabies, asperitas,” with a terminal ιτις, as in the preceding species. The primary term ψώρα, or psora, was used in very different senses among the Greek writers, from a cause I have already explained under LEPRIASIS, where it has been shown, that the real radical is the Hebrew term צרע (tsora), “to smite malignantly or with a disease,” whence צרעת (tsorat) imports the leprosy in a malignant or contagious form, but not in an uncontagious. The lexicographers, not hitting upon the proper origin of ψώρα, have supposed it to be derived from ψάω (psao), which means, however, unfortunately, “tergo, detergo,” “to cleanse, purify, or deterge,” instead of “to pollute:” but, as one way of cleansing is by scraping, and as persons labouring under psora scrape or scratch the skin on account of its itching, the difficulty is supposed to be hereby solved, and psora is allowed

GEN. IV.
SPEC. III.

Origin of
generic term,
which was
formerly used
in a different
sense.

Proper root the
Hebrew tsorat.

How derived
by the lexico-
graphers.

thirty, will occasionally make leprous inflammation disappear with rapidity. See Rayer, *Traité des Maladies de la Peau*, tom. ii. p. 21. — ED.

* A chronic inflammation of the skin, confined to one region of the body, or extending over its whole surface, characterised by scales of various shapes and sizes, not depressed in the centre, and whose irregular margins are not prominent, like those of lepra, or lepriasis. (See Rayer, *Traité Théorique, &c. des Maladies de la Peau*, tom. ii. p. 28.) Psoriasis is only liable to be confounded with three other diseases; namely, lepriasis, pityriasis, and syphilitic scaly patches. As Rayer observes, there is, indeed, a great analogy between lepriasis and psoriasis, especially psoriasis guttata. They both begin with solid, and, as it were, papulous elevations; both are extremely obstinate; they soon assume the form of scaly circular patches; and, finally, in the same patient, scaly patches are often seen taking the shape of psoriasis guttata on the trunk, and that of lepriasis on the elbows and knees. The patches of psoriasis guttata, however, are always narrower, and generally more crowded together, than those of lepriasis; their margins are not raised, and their centre is not depressed, like those of the latter affection: in psoriasis, the inflammation of the corpus reticulare is more acute, giving a redder appearance to the scales, which are more adherent than those of lepriasis. The differences between lepriasis and psoriasis diffusa are still more remarkable. The patches of the latter are irregular, and not depressed in the centre: those of lepriasis are exactly circular, and even when several leprous patches conjoin, their circular arrangement is yet manifest in the segments of circles visible at their circumference. Then psoriasis differs from the scaly eruptions of syphilis, which are encircled by a copper-coloured areola, and have scales of diminutive size, not well marked: there is sometimes a small pustule in their middle, soon followed by a scab. They have a strong disposition to ulcerate, are not accompanied by pruritus, and are often complicated with syphilitic affections of the conjunctiva, pharynx, nodes, &c. They rapidly yield to mercury, especially the sublimate. Lastly, they disappear first at their circumference, and then at their centre, where they frequently leave a small white cicatrix. See Rayer, tom. ii. p. 39. — ED.

GEN. IV.
SPEC. III.
Lepidosis
psoriasis.

Its present use.

Synonymous
with the dry
Sahafati of the
Arabians.

to import derivatively, what, upon this explanation, it opposes radically.

The actual origin of the term, however, is of little importance. It was mostly employed by the Greek writers, and has been very generally so in modern times, to import a dry scall or scale; for the terms are univocal; the Saxon sceala or scala being the origin of the former, and denoting the latter, of a rough surface and indeterminate outline, as expressed in the specific definition.

Psoriasis, as thus interpreted, is the dry Sahafati (سحفة) of the Arabian writers, the ספחת (Saphat) of the Levitical code, as already explained; the Arabic being derived from the Hebrew root. It embraces the following varieties:—

α Guttata.
Guttated dry scall.

Drop-like, but with irregular margin. In children contagious.

β Gyrata.
Gyrated dry scall.

Scaly patches in serpentine or tortuous stripes. Found chiefly on the back, sometimes on the face.

γ Diffusa.
Spreading dry scall.

Patches diffuse, with a ragged, chapped, irritable surface: sense of burning and itching when warm: skin gradually thickened and furrowed, with a powdery scurf in the fissures. Extends over the face and scalp.

δ Inveterata.
Inveterate dry scall.

Patches continuous over the whole surface; readily falling off, and reproducible with painful, diffuse excoriations. Extend to the nails and toes, which become convex and thickened. Found chiefly in old persons.

ε Localis.
Local dry scall.

Stationary, and limited to particular organs.

α L. psoriasis
guttata.
Description.

In the FIRST OR GUTTATED VARIETY, the patches very seldom extend to the size of a sixpence; and are distinguished from those of leprosy by having neither an elevated margin nor an elliptic or circular form, often spreading angularly, and sometimes running into small serpentine processes.* The eruption commences in the spring, mostly on the limbs, and appears afterwards distributed

* The scaly patches are small, distinct, irregular, and two or three lines in diameter, each commencing with a little solid red elevation, of the size of a pin's head, the apex of which soon becomes covered with a diminutive, dry, white scale. The patches are rounded, prominent, lenticular, and, at first, separated from one another by considerable interspaces. Their centre is always more raised than their edges; but, when they get well, as the cure takes place from the centre towards the circumference, the middle of the patches, composed of sound skin, or skin somewhat altered in colour, then becomes accidentally depressed. As the cure advances further, the patches are transformed into segments of circles. See Rayer, *Traité des Mal. de la Peau*, tom. ii. p. 29. — ED.

over the body, sometimes over the face. It subsides by degrees towards the autumn, and sometimes reappears in the spring ensuing.*

In children, probably from the greater sensibility of their skin, this variety of scall spreads often with great rapidity, and is scattered over the entire body in two or three days.

The SECOND or GYRATED VARIETY runs in a migratory course, and apes the shape of earth-worms or leeches when incurvated, with slender vermiform appendages. Not unfrequently the two ends meet, and give the scall an annulated figure like a ringworm, particularly about the upper part of the shoulders or on the neck, in which case they are sometimes confounded with shingles, or some other modification of herpes. †

The SPREADING SCALL commences commonly on the face or temples ‡, as the first of the preceding does on the extremities, and the second on the back. It is sometimes confined to a single patch, which nevertheless is occasionally to be seen in some other part, as the wrist, the elbow-joint, breast, or calf of the leg. It is often obstinate and of long duration, and has been known to continue for a series of years: in which cases, however, there is usually an aggravation or extension of it at the vernal periods. It is at times preceded by some constitutional affection; and at times seems to produce the same. When limited to the back of the hand, this, like some other forms of lepidosis, is vulgarly called the *Baker's Itch*. § On the hands and arms, and sometimes on the face and neck, it is peculiarly troublesome to washerwomen; probably from the irritation of the soap they are continually making use of.

The inveteracy of the FOURTH VARIETY seems principally to

* Psoriasis guttata most frequently makes its attack in autumn or spring, and sometimes gets well of itself in the summer. It may in this manner appear and disappear again, for several years in succession. (See Rayer, op. et vol. cit., p. 30.) It is the most common species of psoriasis, for it amounts, according to Rayer's calculation (p. 39.), to three fifths of the total number of different examples of the disease. — ED.

† Psoriasis gyrata, like all the other varieties of psoriasis, undergoes marked remissions during summer, and almost always grows worse in winter. See Rayer, tom. ii. p. 30. — ED.

‡ According to Rayer, more frequently on the limbs than the trunk; the patches sometimes disappearing in one region and appearing in another. The arrangement of them, either in small circular spots, or within a broader form, makes no difference in the nature of the disease, and often psoriasis guttata is seen on the trunk, and psoriasis diffusa on the limbs, of the same individual. (Op. et vol. cit., p. 31.) The patches, like those of psoriasis guttata, usually begin as small, solid, very numerous, and, as it were, papulous elevations, on the summit of which, little dry scales, of a dead white colour, are formed. The skin inflames, and becomes scaly in the interspaces; the scales enlarge and conjoin; their surface being red, and frequently separated by dry, linear, and painful cracks. On the legs and forearm, the united patches sometimes constitute but a single extensive one, or else represent a broad band running in the direction of the length of the affected limb. In these cases, instead of complete scales, one sometimes perceives on the inflamed skin only diminutive furfuraceous scaly particles, resembling powdered mustard in colour; and when the scales are removed with the aid of lotions, warm bathing, steam, &c. the subjacent surface appears smooth, glossy, and inflamed. See Rayer, op. et vol. cit., p. 31. — ED.

§ Grocer's itch, also, is described by Rayer as a variety of psoriasis diffusa. Indeed, this itch, and baker's itch, are considered by him as the same disease. — ED.

GEN. IV.

SPEC. III.

α L. psoriasis guttata.

Description.

β L. psoriasis gyrata.

Description.

γ L. psoriasis diffusa.

Description.

Baker's Itch.

δ L. psoriasis inveterata.

GEN. IV.

SPEC. III.

δ *L. psoriasis*
inveterata.

Description.

spring from the general torpitude and want of power in the class of persons whom it chiefly attacks, which is those who are in the decline of life. It is accompanied with painful excoriations, in many instances occasioned by the pressure of some parts of the clothing against the sores, or by the attrition of contiguous surfaces, as of the nates, groins, thighs, and scrotum. At an advanced period of the disease, the cuticle is often still more extensively destroyed; and the extremities, the back, and nates have been seen excoriated at the same time, with a very profuse discharge of thin lymph from the surface: after which the discharge itself thickens, from an absorption of the finer parts, and forms a dry, harsh, and almost horny cuticle, which progressively separates in large pieces.* At first this variety intermits in the summer, but at length becomes permanent and intractable.

ε *L. psoriasis*
localis.

Common to
shoemakers
and metallurgic
artisans.

The dry scall
in one variety
or other very
common, and
in the first
sometimes con-
tagious.

The LOCAL VARIETY is found chiefly on the lips, eyelids, prepuce, scrotum, and inside of the hands. It is peculiarly common to shoemakers, and artificers in metallic trades, as braziers, tinmen, and silversmiths: probably from filth and the irritation of the substances they make use of.†

The DRY SCALL, under one or other of the above forms, is one of the most frequent cutaneous diseases in this kingdom, and the first variety, guttated or drop-scald, *psoriasis guttata*, is sometimes contagious in irritable skins, and especially among children.‡ Several of these modifications are also found, occasionally, as symptoms or sequels of lues, particularly the first three; but are in every instance distinguishable by the livid or chocolate hue of the scales.

Often a symp-
tom or sequel
of other com-
plaints.

As cutaneous sordes, in connection with a peculiarity in the

* Whether the disease begin in the form of *psoriasis guttata*, or that of *psoriasis diffusa*, after it has continued several months or years, and especially when it has occurred in old persons, enfeebled by misery or the abuse of spirituous liquors, the redness of the skin under the scales diminishes; its tissue becomes indurated and swollen; the patches are covered with hard, dry, white, thick scales; the skin, stiffened and tense, yields with difficulty to the movements of the limbs; and very soon numerous deep fissures intersect it in various directions, emitting blood, and sometimes pus, that dries into linear scabs. A burning itching is experienced in the skin, particularly in the night. This inveterate form of *psoriasis* may extend over the greater part of the surface of the body. When limited to one region, the skin really undergoes there a species of hypertrophy, rising sometimes a quarter of a line higher than the level of the surrounding healthy skin. See Rayer, tom. ii. p. 33. — ED.

† The grocer's itch, as already noticed, is regarded by Rayer as a variety of *psoriasis*; it occurs sometimes on the dorsal surface of the hands of grocers, but it is observed likewise in bakers, washerwomen, bleachers, and the higher classes of society. The disease begins with two or three small scaly elevations, which successively spread over all the back of the hand. The inflamed skin is soon pervaded by dry painful fissures, especially about the wrist and the joints between the first phalanges of the fingers and the metacarpal bones. This variety of *psoriasis* may be known from the confluent and chronic lichen of the back of the hand, because, in the latter, the scaly state of the skin is always preceded by a considerable eruption of small papulæ. When this or any other form of *psoriasis* invades the whole of the hand, the matrix of the nails itself becomes the seat of chronic inflammation; then the nails thicken, curve, split, and are ultimately thrown off, being replaced by others, which may undergo similar changes. See Rayer, tom. ii. p. 37. — ED.

‡ Rayer does not regard *psoriasis* as a contagious disease; but notices its hereditary character, as being often unequivocally exemplified. Tom. ii. p. 39. — ED.

constitution of the skin, and especially in connection with a meagre diet, indolence, and want of exercise*, appears to be the general cause of this as well as of many other, perhaps most other simple cutaneous eruptions, the first principles of a curative intention must consist in washing and softening the skin by warm bathing, regularly persevered in; and in improving the diet, and exciting to a life of more activity. Beyond this, the common treatment of psoriasis should be, with little exception, that of lepriasis, [varied, as in this case, according to the more or less inflamed state of the skin.] Hence the alterant and stimulant ointments of sulphur and tar in equal proportions; lotions of diluted aromatic vinegar, or nitrate of silver, and the sulphureous waters of Harrowgate, Croft, Sharpmore, Broughton, Wigglesworth, and other places, used both externally and internally, will succeed better than common spring or river-water, as detergents.† Chalybeate medicines, and particularly chalybeate waters, have been powerfully recommended by Dr. Willan and many others: but, excepting where the disease is combined with a languid circulation, as in the inveterate form, and demands excitement, these do not appear to be of any certain efficacy. Bleeding and the repetition of purgatives are of no avail, though a common practice with many, and founded also on the authority of Dr. Willan.‡ “Strong mercurial preparations,” observes Dr. Willan, “are of no advantage, but eventually rather aggravate the complaint.”§ Nor do the fresh juices

GEN. IV.

SPEC. III.

€ L. psoriasis localis.

Medical treatment.

Cleanliness, pure air, and plain, but nutritive food, warm bathing:

Sulphureous waters.

Chalybeate waters less generally useful.

Bleeding and repeated purges of no avail.

* The seasons have a very marked influence on psoriasis diffusa and psoriasis guttata, the attacks of which commonly begin in the commencement of autumn or spring. The influence of employments and trades seems to be restricted to a few local varieties; in short, whatever directly or indirectly irritates the skin may probably excite psoriasis, which has been known to follow repeated attacks of lichen or prurigo, the application of a blister, or the development of some other acute disease of the skin. See Rayer, tom. ii. p. 39. — Ed.

† Dr. A. T. Thomson has seen much benefit from the following lotion: — R Sulphureti potassæ ʒj; saponis ʒij; aq. distillatæ ʒviij; ft. solutio, partibus affectis ope spongiæ applicanda; — or from an unchemical lotion, composed of sulphate of zinc, acetate of lead, each twenty grains; aq. rosæ, ʒv; mucil. acaciæ ʒj. See Atlas of Delineations of Cutaneous Diseases, p. 19. 4to. — Ed.

‡ Notwithstanding our author's statement, Willan's practice has high authorities in its favour. When psoriasis guttata is recent, and in an adult subject, Rayer recommends the treatment to commence with one or more general bleedings. Duffin, Wallace, and Graves are also advocates for the same plan. When psoriasis is general, blood is to be taken occasionally from the neighbourhood of the inflamed points, on the neck, the trunk, and limbs, for several weeks, the patient employing at the same time simple baths, or, which Rayer prefers, cool narcotic emollient baths, which powerfully lessen the cutaneous inflammation and excessive itching. In adults, pouring warm water on the parts, and the vapour bath, are of service in detaching the scales; and by alternating this practice and that of sulphureous baths, psoriasis diffusa, not attended with much inflammation, may sometimes be cured in three or four months. When, however, psoriasis diffusa is of long standing, the modification of irritation of the skin should be changed by frictions with antimonial ointment, which sometimes prove useful even in inveterate psoriasis, though, in this case, the affection of the skin is so deep, that it is almost always incurable, at least in old persons. Psoriasis inveterata, according to Rayer, is benefited by emollient narcotic baths, employed to bring about the separation of the scales. He advises also occasional local bleeding in the vicinity of the most irritated points. This palliative treatment he prefers to any attempt at a complete cure, when the skin is thickened, fissured, and indurated, in nearly every region of the body. See Rayer, tom. ii. p. 42. — Ed.

§ Dr. A. T. Thomson excepts the more severe cases of P. diffusa, for which

GEN. IV.
SPEC. III.
ε L. psoriasis
localis.

Alkalies,
sulphur, al-
terant diet
drinks, some-
times anti-
monials or
mercurials,
arsenic solu-
tion.

Sulphur vapour
bath ;

at Paris,

Vienna,

London and
Dublin.

of the alterant plants, scurvy-grass, succory, fumitory, or sharp-pointed dock, appear to be of any material benefit. The solution of arsenic, however, has seemed at times to restore the habit to a healthy reaction.

A gentle purgative should open the course of medical treatment ; to which should succeed an internal use of the fixed alkalies, with precipitated sulphur, and decoctions of elm-root, sarsaparilla, sassafras, mezereon, or dulcamara ; and when the skin is very dry, an antimonial at night, or five grains of Plummer's pill, the compound submuriate mercurial pill of the London College. Yet here, as in the preceding species, the most effectual remedy, in obstinate cases, is the arsenic solution, with an abstinence from fruits, acids, and fermented liquors : under which plan, in conjunction with the above regimen, most of the ordinary cases will be found to disappear in about three weeks or a month.

How far the sulphureous vapour bath may succeed in any of the varieties of this as well as of the ensuing, and of several other species, has not hitherto been sufficiently determined. M. Galés of Paris, and, in consequence of his recommendation, M. de Carn of Vienna, have tried it upon an extensive scale, and apparently with considerable success.* But, as in most other cases of a new invention, it is represented as being successful in such a multiplicity of diseases, and diseases essentially dissimilar, that its very popularity abroad has operated against a free and decisive trial of its powers among the more cautious practitioners of our own country. A few institutions, however, I am glad to find, are at length founded, both in this metropolis and in Dublin, for the laudable purpose of carrying on a full investigation : so that we shall soon be enabled to draw a correct estimate. †

small doses of three or five grains of Plummer's pills are sometimes useful, given in conjunction with cinchona and soda : —

Rx Sodæ bicarbonatis ʒ ij.

Infusi cinchon. lancif. ʒvss.

Tinct. cascarillæ, ʒ iv.

Fiat Mist., cujus 4ta pars bis in die sumatur.

In the P. guttata he also gives hydrargyrum cum creta in doses of twelve grains at bed-time, until the gums are slightly affected. See Atlas of Delineations of Cutaneous Diseases, p. 19. 4to. — ED.

* Ueber Kraetze, und derem bequemste schnell-wirkendeste und sicherste Heilart, &c. von D. Karsten, &c. &c. Hanover, 1818.

† Observations on Sulphureous Fumigation as a Remedy in Rheumatism and Diseases of the Skin. By W. Wallace, &c. Dublin, 1820. With reference to psoriasis inveterata, Dr. A. T. Thomson, after noticing the liquor arsenicalis, speaks highly of the liquor potassæ, which, he says, is the most effectual remedy, in doses of ʒ xxx. gradually increased to ʒ cl., given in the bitter almond emulsion, twice a day ; or, if the patient be delicate, in some bitter infusion, and the hydrargyrum cum creta at bed-time. The psoriasis palmaria receives benefit from the steam of warm water, and should then have the ung. hydrarg. nitrat. applied to it in a very diluted form. See Dr. A. T. Thomson's Atlas of Delineations of Cutaneous Diseases, p. 19. — ED.

SPECIES IV. LEPIDOSIS ICHTHYIASIS.

FISH-SKIN.

THICK, INDURATED INCRUSTATION UPON THE SKIN, TO A
GREATER OR LESS EXTENT; SCALINESS IMPERFECT.*

THE specific term is derived from *ἰχθῦς*, "piscis," with the terminal adjunct of the preceding species. The word is commonly written, but less correctly, *ichthyosis*, since, as I have already observed, the suffix *iasis* is by general consent applied to all species appertaining to the genus or tribe of diseases before us.

In the disease before us, the cutaneous excretories throw forth such an excess of calcareous matter, that it often covers the entire body like a shell; and the cutis, the rete mucosum, and the cuticle being equally impregnated with it, the order of the tegumental laminæ is destroyed, and the whole forms a common mass of bony or horny corium, generally scaly or imbricate, according as the calcareous earth is deposited with a larger or smaller proportion of gluten, in many instances of enormous thickness, and sometimes giving rise to sprouts or branches of a very grotesque appearance: thus offering to us numerous varieties, of which the following are the chief:—

α Simplex.
Simple fish-skin.

The incrustation forming a harsh papulated or watery rind; hue dusky; subjacent muscles flexible. Sometimes covering the whole body, except the head and face, palms of the hands, and soles of the feet.

β Cornea.
Horny fish-skin.

The incrustation forming a rigid, horny, imbricated rind; hue brown or yellow; subjacent muscles inflexible. Sometimes covering the entire body, including the face and tongue.

γ Cornigera.
Cornigerous fish-skin.

The incrustation accompanied with horn-like, incurvated sproutings; sometimes periodically shed and reproduced.

This indurated incrustation commences with a change in the papillæ of the cutis, which are elongated and enlarged into roundish cones or tubercles, often void of sensation. Some of the

GEN. IV.
SPEC. IV.

Origin of
specific term.

Earthy secretion in this species also thrown forth in excess; sometimes so as to encase it, and thicken and harden the integument.

General description.

* Ichthyiasis is characterised by a morbid development of the cuticle, often accompanied by hypertrophy of the cutis. The cuticle forms, on the surface of a part, or of nearly the whole of the skin, a thick gray stratum, divided into small irregular compartments, not overlapping however like the scales of fish. Rayer, *Traité des Maladies de la Peau*, tom. ii. p. 302. — ED.

GEN. IV.

SPEC. IV.

Lepidosis
ichthyiasis.Striking illus-
tration.Additional
illustration.

scaly papillæ have a short, narrow neck, and broad irregular tops. Sometimes the scales are flat and large, and imbricate or placed like tiling, or the scales on the back of fishes, one overlapping another.* They also differ considerably in colour in different instances, and are blackish, brown, or white. The skin, to a very considerable extent, has sometimes been found thickened into a stout, tough leather. In a singular enlargement of the lower extremity, produced by a puerperal sparganosis, Mr. Chevalier found the thickness of the corium in some parts nearly a quarter of an inch; which, on being cut into, presented the same grained appearance that is observable in a section of the hides of the larger quadrupeds. Below the coriaceous skin, the adipose membrane exhibited an equal increase of substance, and, in front of the tibia, was not less than an inch and a half thick. And there is a singular case, recorded by Dr. Baillie, in which the same crassitude was found in the skin of an infant who died a few days after birth.† Mr. Machin gives a very extraordinary case of ichthyiasis of the same kind, originating, indeed, from a different and unknown cause, which covered the whole body, with the exception of the head and face, the palms of the hands, and the soles of the feet.‡ The entire skin formed a dusky, ragged, thick case, which did not bleed when cut into or scarified, was callous and insensible, and was shed annually, like the crust of a lobster, about autumn, at which time it usually acquired the thickness of three-fourths of an inch, and was thrust off by the sprouting of a new skin beneath. § This man married, and had a family of six children, all

* Rayser considers the name objectionable, because, according to his observations, the scales do not lie one upon the other like the scales of a fish. The stratum of thickened cuticle, divided into irregular compartments, he thinks, is more analogous to the skin of the claws of a fowl, than to the very diversified scales of fishes and serpents. At a certain distance, the skin looks as if it were soiled with mud, though the appearance of the disease varies according to its degree. Sometimes the alteration of the cuticle is slight; the skin being of a dull colour, mealy, and communicating, when touched, a feel like that of the skin of some old persons. When ichthyiasis is more developed, it appears on the limbs in the form of a thick layer of the cuticle, compared, not without some exaggeration, to the bark of trees, and composed of small, very irregular compartments, not overlapping, and not exceeding two or three lines in diameter, but wider in proportion as they are thin. Their colour, which is usually a dull grey or earthy hue, is in some rare examples shining, and almost like pearl, but more frequently a dark brown. See Rayser, tom. ii. p. 303. — ED.

† Wardrop's edition of his Works, vol. i. p. 75.

‡ In parts of the skin naturally very smooth, the disease is least disposed to occur. The furrow at the side of the spine is stated by Willan never to be the seat of scales; but in one example, under Dr. Elliotson, some of them occupied that situation. (Clin. Lect. in Lancet, 1830-31, p. 593.) The disease often begins in childhood, and sometimes in early infancy; and it is more common in males than females; and the girls of the same parents have sometimes all been affected with ichthyiasis, while all the boys were free from it. (See Rayser, tom. ii. p. 305.) The morbid development of the cuticle always produces the greatest thickening of it in situations where the skin is naturally thickest, and the cuticle itself coarse, as, round the joints, on the anterior and external surface of the lower extremities, on the forepart of the kneecap, at the back of the upper extremities, over the olecranon, &c. In all other places, the morbid deposit is generally much thinner, and it is usually absent from the prepuce, eyelids, groins, armpits, &c. Neither is it found on the soles of the feet or the palms of the hands, doubtless in consequence of the particular texture of these parts. See Rayser, tom. ii. p. 302. — ED.

§ Phil. Trans., No. 424.

of whom possessed the same ragged covering as himself.* The father was twice salivated for the complaint, and threw off the casing each time, as did one of the children during the small-pox; but the disease soon returned on both of them. One case is recorded, in which the face was the only part exempted from the fish-scale covering.†

GEN. IV.
SPEC. IV.
Lepidosis
ichthyiasis.

There is a remarkable passage in the *Lettres Edifiantes et Curieuses* of the Jesuits, which intimates that this disease is by no means uncommon among the inhabitants of Paraguay; the words, which have been quoted by M. Buffon and Dr. Willan, are as follow:—“ Il regne parmi eux une maladie extraordinaire : c’est une espèce de Lèpre qui leur couvre tout le corps, et y forme une croûte semblable à des écailles de poisson : cette incommodité ne leur cause aucune douleur, ni même aucun autre dérangement dans la santé.”‡ There is perhaps no part of the world, where we should sooner expect to meet with this, and indeed various other species of squamose or leprous affections of the skin, considering the sultry heat of the atmosphere, the rankness of the perspiration that issues from the bodies of the natives, and their deficiency in personal cleanliness; yet I do not know, that the same account has been given by any other travellers, and have looked in vain over Estella and Dobrizhoffer: nor does this particular incrustation of the skin seem to be prevalent in other inland countries exposed to the same excitements, though most of them exhibit squamose disorders of the surface of some kind or other.

Said to be
indigenous
among the
inhabitants
of Paraguay.

This statement
explained.

In our own country, it often shows itself locally, and is restricted to a single limb, as an arm, leg, or the soles of the feet §; and it has sometimes fixed on a cheek, an interesting figure of which is given in Dr. Bateman’s *Delineations*.

Often shows
itself locally,

Examples of the cornigerous variety, or that in which the incrustation is accompanied with a sprouting of horns or horn-shaped projections, are by no means uncommon. Sir Everard Home has given two cases in the *Philosophical Transactions* that occurred

and is accom-
panied with a
sprouting of
horns.

* According to Rayer, ichthyiasis is almost always congenital, and its hereditary character is the best ascertained cause of it. (Tom. ii. p. 305.) Dr. Elliotson had two brothers under his care in St. Thomas’s hospital, both of whom were affected with ichthyiasis; and he refers to another instance, in which a mother and her female child were affected. This disease is placed among the scaly diseases by Dr. Willan, but Rayer separates it from lepra and psoriasis, and classes many diseases of the skin as inflammatory affections. The plan is highly approved of by Dr. Elliotson, to whom it appears that a large number of cutaneous disorders are merely inflammatory, and will yield to nothing without antiphlogistic treatment. If, says he, you take blood from a patient who has lepra or psoriasis, you will frequently find that it is buffed; the skin is unnaturally red, hot, and smarting; but in ichthyiasis there is no mark of inflammation whatever. The skin is not hot; the skin does not tingle; and if you take blood away, it is not buffed. There is no pain in the head, no thirst: the case is merely an organic affection of the skin. See also Rayer, tom. ii. p. 306. — ED.

† Trans. Medico-Chir. Soc., vol. ix. p. 52.

‡ Recueil des Lettres, &c. xxv. p. 122. Rayer observes, that this statement is only vulgar tradition, destitute of foundation. Climate, regimen, and kind of constitution, he says, have no particular influence in producing this disease. (Tom. ii. p. 306.) Women, he admits, are less frequently afflicted than men; but their being attacked is not very uncommon, and he has seen a dozen instances of it. — ED.

§ These parts, as Rayer mentions, are usually exempted. — ED.

GEN. IV.
SPEC. IV.
Lepidosis
ichthyiasis.
Exemplified.

within his own knowledge. The patients were women, about the middle of life, or rather later: one had four horns, and the other a single horn. Each of them grew from a cyst which formed gradually, and at last opened spontaneously and discharged "a thick gritty fluid."* The foreign journals are full of similar accounts, in some of which the horns are of considerable length, mostly growing upon the head, though in a few instances on the back.† In the British Museum is shown, as a curiosity, a horn of this kind eleven inches long, and two and a half in circumference at the base. It is said to have issued from a wen that formed in the head of a woman, and to have reached its full length in four years.

Striking example in a Leicestershire heifer.

When these are single they rather, perhaps, belong to the genus *ECPHYMA*‡, and particularly the species *verruca* and *clavus*; but they are very frequently connected with a dry furfuraceous or scaly skin, often oozing a calcareous material. A very singular example of this complex modification occurred a few years ago in a Leicestershire heifer, which was publicly exhibited, and of which the author presented a description and a drawing to the Royal Society. The whole of the skin was covered with a thick, dry, chalky scurf, often producing an itching; and wherever the skin was scratched, a calcareous fluid oozed from it, that soon hardened, and put forth corneous, recurvating excrescences, frequently divaricating, and assuming sometimes a leafy, sometimes a horn-shaped appearance. The back was covered with them; over the forehead, and below the dewlap, they hung in some hundreds; many as large as natural horns, and rattling together whenever the animal moved. The heifer was otherwise in good health, and secreted the same chalky fluid whatever food it was fed upon.

Medicine of little avail.
How far recommended.

Medicine has hitherto been found of but little avail under any form of this affection. Dr. Willan recommended immersing the incrustated part in water, and picking off the scales with the fingernails, while thus soaked. Dr. Bateman recommends that the bath should be of sulphureous waters, and the scales rubbed off with a flannel or rough cloth. But both admit that their methods produce only a partial cure; that the skin does not recover its proper texture, and that the eruption will probably recur. § Dr. Bateman further recommends, as having been actually serviceable, pills made of pitch hardened by flour or any other farinaceous substance, which makes the cuticle crack and fall off, as he tells us, without the aid of external means, and leaves a sound skin underneath. ||

* Phil. Trans., vol. lxxxii. p. 95.

† Eph. Nat. Cur., Dec. i. ann. i. obs. 30. See also Hist. de la Société Royale de la Médecine, 1776, p. 316.

‡ The arrangement of horny excrescences under ichthyiasis seems hardly allowable: for, whatever may have been the cause of the very curious disease that occurred in the heifer referred to in the text, it is certain that, in the human subject, the horny excrescences usually met with are the productions of the cysts of particular wens, which, after bursting, continue to secrete and protrude the horny substance. — Ed.

§ Rayer observes, that ichthyiasis is seldom cured, unless it be slight, and that the long continuance of emollient applications, vapour, alkaline, and tepid baths, will only be of service in freeing the skin from the scales. — Ed.

|| Dr. Willan recommended pitch as an excellent remedy, in the quantity of half an ounce a day. Rayer asserts, that experience has not confirmed its effi-

When there is an evident excess of calcareous earth, the most efficacious remedy is probably to be found in a free use of acids, and especially the mineral acids. The arsenic solution, however, is worth trying, but I have no documents of its effects. *

GEN. IV.
SPEC. IV.

Lepidosis
ichthyiasis.
In some cases
acids may be
of considerable
service.
Arsenical
solution.

GENUS V.

ECPHLYSIS.

BLAINS.

ORBICULAR ELEVATIONS OF THE CUTICLE, CONTAINING A WATERY FLUID.

ECPHLYSIS (ἐκφλυσις, from ἐκφλύζω, "ebullio," "efferveo," "to boil or bubble up or over,") imports "vesicular eruption confined in its action to the surface;" as EMPHLYSIS, which we have long since described †, is "vesicular eruption essentially connected with internal and febrile affection." The term is intended to include all those utricles, or minute bladders of the cuticle, containing a watery fluid, and not necessarily connected with internal disease, whether *bullæ* or *vesiculæ*, between which Dr. Willan has made but little difference in his definitions, except in respect to size: and which were equally denominated by the Greek physicians phlyctænæ, a term derived from the present source. And hence the species that fairly appertain to this genus appear to be the following:—

GEN. V.

Origin of
generic term.

Its import and
range.

- | | | |
|--------------|------------|----------------|
| 1. ECPHLYSIS | POMPHOLYX. | WATER-BLEBS. |
| 2. ————— | HERPES. | TETTER. |
| 3. ————— | RHYPIA. | SORDID BLAIN. |
| 4. ————— | ECZEMA. | HEAT-ERUPTION. |

cacy; but Dr. Elliotson tried it, in conjunction with the hot bath and the application of olive oil to the body every day; and a perfect cure was effected in about a month, though the disease had existed four years. After the oil had been applied, it was not wiped off, but flannel clothes were put on, and these were continued, without being washed, during the treatment; so that the patient was continually immersed, as it were, in grease. (Clin. Lect. op. et vol. cit. p. 595.) Dr. Elliotson found the pitch so harmless, that his patient was able to take an ounce and a quarter of it in the day. The hot bath was soon discontinued; but the inunction, he thinks, from the rapidity of the cure, must have had some effect, as well as the pitch. In cases of partial ichthyiasis, Rayer suggests the trial of repeated blisters, experience having proved, that congenital ichthyiasis has sometimes disappeared for a time, on the accession of various cutaneous inflammations, as that of variola. Tom. ii. p. 307. —ED.

* Such horny excrescences, as are the productions of certain encysted swellings, require to be taken away with a scalpel, care being observed to leave none of the cyst behind; for if this important indication be neglected, the disease will return. The editor was once required to remove from the nates of an old respectable medical gentleman in town a complete horn, a similar one to which had been removed on a former occasion by another surgeon, but not effectually, because a portion of the cyst had been left. The second operation was followed by a radical cure, and the patient is at the present time alive, and quite free from his horny annoyance. — ED.

† Vol. ii. p. 359.

SPECIES I. ECPHLYSIS POMPHOLYX.

WATER-BLEBS.

ERUPTION OF BLEBS, CONTAINING A REDDISH, TRANSPARENT FLUID; MOSTLY DISTINCT; BREAKING AND HEALING WITHOUT SCALE OR CRUST.*

GEN. V.
SPEC. I.

Origin of
specific term.
Pemphix.

Pemphigus
apyretos of
Plenck.

POMPHOLYX, or pomphus, was used amongst the Greek writers in the same sense as PEMPHIX, of which we have treated already †, and equally imported a bladdery tumour of the skin, distended with a fluid: the Latins denominated it bulla, of which our own term WATER-BLEB is an apt and exact representative. PEMPHIX, in the modern use of the term, is necessarily accompanied with fever, and hence under the present arrangement is an EMPHLYSIS, as POMPHOLYX, being without fever or other constitutional affection necessarily connected with it, is an ECPHLYSIS.‡ The latter is hence denominated Pemphigus apyretos by Plenck, and Pemphigus sine pyrexia by Sauvages. It has, however, been properly separated from pemphigus by Dr. Willan, who has arranged it as it stands in the present work. It offers the four following varieties:—

α Benignus.
Mild water-blebs.

Blebs pea-sized, or filbert-sized; appearing successively on various parts of the body; bursting in three or four days, and healing readily.

β Diutinus.
Lingering water-blebs.

Blebs gradually growing from small vesicles to the size of walnuts; yellowish: often spreading in succession over the whole body, and interior of the mouth; occasionally reproduced, and forming an

* Rayer's definition of pemphigus, which in his classification seems to comprise both pemphigus and pompholyx, is somewhat different from that of Dr. Good; indeed, pemphigus with him is a bullous disorder; with our author, a vesicular one. "Pemphigus," says he, "is an inflammation of the skin, principally characterised by one or several large yellowish transparent bullæ, the eruption of which may take place simultaneously, or successively. After a few days' duration, each bulla terminates by an effusion of the fluid which it contains, the formation of a scab of greater or less thickness, or superficial ulceration." See Rayer, *Traité des Mal. de la Peau*, tom. i. p. 154. — ED.

† Vol. ii. p. 359. Emphlysis Pemphigus.

‡ The two fundamental divisions of pemphigus, adopted by Rayer, is into acute and chronic. (See *Traité des Mal. de la Peau*, tom. i. p. 155.) The first, a febrile disorder, described by Dr. Good in the second volume of this work, under the name of emphlysis pemphigus, as already mentioned: the second differing from the foregoing in the long duration of the eruption, which usually lasts several months; in the mode in which the bullæ are developed, which is always successive; and in the absence of any febrile reaction, at least in the early periods of the disease. — ED.

- excoriated surface with ulceration. Often preceded by languor or other general indisposition for several weeks. Duration from two to four or five days.
- γ Quotidianus.
Quotidian water-blebs.
- δ Solitarius.
Solitary water-bleb.
- Blebs with a dark red base, appearing at night and disappearing in the morning, or appearing in the morning and disappearing at night. Found chiefly on the hands and legs.
- Bleb solitary; but reproductive in an adjoining part; very large, and containing a tea-cupful of lymph. Preceded by tingling: often accompanied with languor.

GEN. V.
SPEC. I.
Ecphlysis
pompholyx.

The third, or quotidian variety, is here introduced upon the authority of Sauvages, for it does not occur in Willan, who seems to have overlooked it: and hence it is not noticed by Bateman. Sauvages, from the time of its more usual appearance, calls it *epinyctis*; but as Vandermonde has given a case of an opposite kind, in which the bulla showed itself daily and subsided nightly, this name will not properly apply. Frank regards it as a variety of eczema, or hidroa*, but his arrangement of eruptive diseases is one of the least masterly parts of his work.

Quotidian variety introduced from Sauvages, who calls it *epinyctis*.

An eczema or hidroa of Frank.

Under whatever form, however, the pompholyx appears, its causes seem to be debility and irritability, either general, or confined to the cutaneous exhalents. The benign variety has hence been found in infancy during teething and bowel complaints, and occasionally immediately after vaccination. The quotidian has evidently succeeded to great anxiety, fatigue, watching, and low diet. It appears also chiefly in persons of advanced age, or who have been unduly addicted to spirituous liquors. It is by far the most severe of all the forms of the disease, as being painful as well as tedious. The other varieties are to be referred to like causes. †

General causes.

Benign variety found in infancy.

Quotidian the most severe.

In early or middle life, Peruvian bark given freely, with an improved diet, where necessary, has formed the most successful remedy. In old age, softening the skin, and gently exciting the cutaneous exhalents, has been equally useful: but, while the bark is less serviceable in old age, warm bathing has proved rather injurious in earlier life. ‡

Medical treatment.

* De Cur. Hom. Morb., tom. iv. p. 159.

† The chronic pemphigus of Rayer is often preceded and accompanied by chronic inflammation of the gastro-intestinal, or the genito-urinary mucous membrane, and in these complicated cases, the functional disorders of the digestive and of the urinary organs are combined with the phenomena produced by the inflammation of the skin. The formation of bullæ is then preceded by languor, lassitude, headach, nausea, dysuria, pains in the limbs, &c. These examples, however, strictly belong to the emphyxis pemphigus of Dr. Good's arrangement. — ED.

‡ When any degree of febrile excitement is present, bleeding and other depleting measures should precede the employment of bark. Then the infusion of

SPECIES II.

ECPHLYSIS HERPES.

TETTER.

ERUPTION OF VESICLES IN SMALL, DISTINCT CLUSTERS; WITH
A RED MARGIN; AT FIRST PELLUCID, AFTERWARDS OPAQUE;
ACCOMPANIED WITH ITCHING OR TINGLING; CONCRETING
INTO SCABS: DURATION FROM FOURTEEN TO TWENTY-ONE DAYS.

GEN. V.
SPEC. II.

Origin of
specific term.

Has been used
in different
senses.

Import in the
present ar-
rangement.

Dartus.

HERPES, from ἑρπω, “serpo,” “repo,” has been used in very different senses by different writers: being sometimes restricted to one or two of the modifications of the present classification, and by others extended so widely as to include both the preceding and the ensuing genus — or, in other words, cutaneous eruptions, dry, vesicular, and pustular; and, in this latitudinarian sense of the term, it is employed by Mr. B. Bell, who gives us a herpes farinosus, and pustulosus, as well as a herpes miliaris and exedens.

In the present arrangement, the term is limited to minute and clustering *cutaneous vesicular eruptions* alone, which form a clear and distinctive indication. The fluid contained in the vesicles, is for the most part highly acrimonious and excoriating; and hence the terms δάρσις and δαρτὶς (darsis and dartus) “excoriatio and excoriatus,” have been applied to it; from which the French have derived their popular name for it of dartre, which, by an easy corruption, has been changed in our own tongue into tetter.*

cinchona, with gentle cordials and diuretics, may be prescribed, or the sulphate of quinine, with mineral acids, provided the mucous membranes are unaffected, which rarely happens. (See Rayer, tom. i. p. 165.) The following formula is recommended by Dr. A. T. Thomson:—

℞ Infusi cinchonæ f. ʒ xss.

Spiritus etheris nitrosi f. ʒ ss.

Tinct. cascarillæ f. ʒj.

Misce; ft. haustus, bis in die sumendus.

In chronic pemphigus, purgatives are found by Rayer to be invariably hurtful. (Tom. ii. p. 165.) When excoriations occur, they should be dressed with the ung. zinci, or the parts beyond the excoriated surface touched with the nitrate of silver. (See Dr. A. T. Thomson's Atlas of Delineations of Cutaneous Diseases, p. 47.) The prognosis of chronic pemphigus is always more unfavourable than that of acute, or the emphyysis pemphigus of the present system, which is only a serious disease when complicated with inflammation of the mucous membrane of the alimentary canal, or lungs, cephalitis, or pneumonitis. Chronic pemphigus, especially in old persons, is always followed by extensive and numerous excoriations, occasioning severe pain and continual restlessness. It is often attended with vomiting, and a colliquative diarrhœa, which mostly carries the patient off. See Rayer, tom. i. p. 162. — Ed.

* Rayer takes a different view of this subject; for though he agrees with Willan and Bateman in considering herpes to comprehend a group of vesicular inflammations of the skin, resembling one another in the form of the inflammatory process, and merely differing in situation (H. labialis, H. præputialis), the disposition of the vesicles in clusters (H. phlyctenoides vel miliaris), or in

Dr. Frank has made herpes a division of porrigo *, in doing which, instead of simplifying and generalising cutaneous eruptions, which was obviously his intention, he has rather perplexed and confounded them.

The following are the varieties which seem fairly to belong to it:—

- | | |
|--------------------------------|---|
| α Miliaris.
Miliary tetter. | Vesicles millet-sized; pellucid; clusters commencing at an indeterminate part of the surface, and progressively strewed over the body; succeeded by fresh crops. |
| β Exedens.
Erosive tetter. | Vesicles hard; of the size and origin of the last; clusters thronged; fluid dense, yellow or reddish; hot, acrid, corroding the subjacent skin, and spreading in serpentine trails. |
| γ Zoster.
Shingles. | Vesicles pearl-sized; the clusters spreading round the body like a girdle; at times confluent. Occasionally preceded by general irritation or other constitutional affection. |
| δ Circinatus.
Ringworm. | Vesicles with a reddish base, uniting in rings, the area of the rings slightly discoloured; often followed by fresh crops. |
| ε Iris.
Rainbow-worm. | Vesicles uniting in small rings, surrounded by four concentric rings of different hues; vesicular and prominent. Usually found about the hands or in-step. |
| ζ Localis.
Local tetter. | Limited to particular organs; stationary, or vicinous. |

The FIRST, OR MILIARY VARIETY, is the herpes miliaris of Hippocrates and Hoffman, the h. phlyctenodes of Bateman. The cause of the peculiar irritability of the skin that excites this affection is very obscure.† The lymph contained in the vesicles is sometimes brownish, and for the space of two or three days, other clusters successively arise near the former. The eruption com-

GEN. V.
SPEC. II.
Ecphlysis
herpes.

With Frank
a porrigo.

α E. Herpes
miliaris.
Description.

a ring (H. circinatus); yet, says he, the term herpes, taken in this signification, is not synonymous with the words *dartre* and *tetter*. It denotes, also, affections very different from those which Lorrey, Turner, Alibert, &c. have comprised under the name of herpes; for it has a precision of meanig, which would be sought in vain in the nomenclature of these several writers. Tom. ii. p. 226.

— ED.

* De Cur. Hom. Morb. Epit., tom. iv. p. 133.

† According to Rayer, the disease is ordinarily connected with a slight chronic irritation of the digestive organs, indicated after meals by tardiness of digestion, thirst, heat in the epigastrium, flatulent tension of the belly, &c. In some cases it is this internal affection which claims the principal attention. See tom. i. p. 228. — ED.

GEN. V.
SPEC. II.
α E. Herpes
miliaris.

β E. Herpes
exedens.

Esthiomenos
of the Greeks,
what.

Herpes
exedens.

Correction of
the common
text of Celsus,

mences in any part of the body.* The enclosed lymph sometimes becomes milky or opaque in the course of ten or twelve days, from an absorption of its finer parts; and, about the fourth day, the inflammation around the vesicles assumes a duller red hue, while the minute utricles break and discharge their fluid; or dry into scales, which fall off, and leave a considerable degree of inflammation below, that still continues to exude fresh matter, which also forms into cakes, and falls off like that which preceded. The itching is always very troublesome: and the matter discharged from the vesicles is so tough and viscid, that every thing applied in the way of dressing adheres very closely, and is removed with great trouble and uneasiness.

To the SECOND or EROSIIVE VARIETY, the Greeks gave the name of ἑρπης εσθιόμενος, or "herpes esthiomenos," of which the Latin herpes exedens is a mere translation. The herpes esthiomenos, however, has hitherto been much misunderstood, and been held of a far severer character than it really possesses, in consequence of an error that has long since crept into the text of Celsus, and been propagated in the common editions, in which he is made to say, that the livid and fetid ulcer, which the Greeks called ὑπέρλωμα, sometimes degenerates into a herpes esthiomenos, or exedens, "eating herpes;" as though the herpes exedens formed the worst and most gangrenous stage of this ulcer. In the volume of Nosology I have examined this passage critically, and have shown that for herpes esthiomenos we ought to read φαγέδαινα, "the ulcer called *phagedæna*," as it is properly given in the corrected text of the variorum edition, which settles the dispute at once, and clears Celsus from the absurdity which has been ascribed to him, of converting a cutaneous vesicular affection into a deep-spreading ulcer of a cancerous character. Celsus, therefore, in reality, makes no mention whatever of the herpes exedens or esthiomenos; and it is to other writers we must turn for its character. Galen has described it very accurately: and in the volume of Nosology I have copied and translated Galen's description, as it occurs in different parts of his writings. The definition given of it above,

* This variety of vesicular inflammation, so well described and delineated by Bateman, is sometimes, according to Rayer, developed exclusively on the forehead, cheeks, neck, or still more frequently on the limbs; or else it is successively propagated over several of these regions. A pricking sensation in the parts where the eruption is about to appear, followed by heat, itching, and red spots, precedes, by a few hours, and sometimes by one or two days, the formation of the vesicles. These first contain a colourless or lemon-coloured fluid, and present themselves in the form of irregular clusters, of from twelve to fifty vesicles at most, which clusters are not numerous themselves, though sometimes followed by a succession of others of a similar nature. Between the different clusters the integuments retain their natural colour, though seldom between the vesicles composing the clusters themselves. The formication and pricking are increased by external heat, and by that of the bed at night. Most of the vesicles rapidly increase in size, and some of them even attain considerable dimensions. Scarcely have twenty-four or thirty-six hours elapsed from the formation of each of them, when the fluid in them begins to be turbid. The smaller soon assume a milky look, and the larger become brownish, being filled with a bloody serosity. Between the sixth and tenth days, all of them shrivel and lessen, fresh clusters coming out, when the eruption is successive. The fluid of the smaller ones is often absorbed; that of the larger escapes on their bursting, or is converted into yellowish or dark-coloured scabs, which are usually detached between the fifteenth or twentieth day. See Rayer, tom. i. p. 227. — ED.

is entirely taken from his representation. The ulcerative ring-worm of Dr. Bateman is, perhaps, a modification of this variety: it is of tedious and difficult cure, but is limited to hot climates.

Where this variety is connected, as it is sometimes found to be, with the state of the constitution, and particularly of the stomach, and the patches are accompanied with a sensation of actual burning or scalding, so as to resemble a more papulated form of measles, like the measles of this modification, they are denominated *nirles* in some parts of Scotland.

The THIRD VARIETY, HERPES ZOSTER, is the *zona ignea* of many writers, both which terms imply a belt or girdle, and are evidently given to the eruption from its ordinary seat and course as surrounding the body. The Latin word for these is *cingulum*, and from *cingulum* our own SHINGLES has been derived in a corrupt way. *

A slight constitutional affection sometimes precedes the appearance of this form, as sickness and headach, but by no means generally; for, in most instances, the first symptoms are those of heat, itching, and tingling in some part of the trunk, which, when examined, is found to be studded with small red patches of an irregular shape, at a little distance from each other, upon each of which numerous minute elevations are seen clustering together. These, when accurately inspected, are found to be distinctly vesicular †; in the course of twenty-four hours, they enlarge to the size of small pearls, are perfectly transparent, and filled with a limpid fluid. The clusters are of various diameter, from one to two, or even three inches, and are surrounded by a narrow red margin, in consequence of the extension of the inflamed base a little beyond the congregated vesicles. During three or four days, other clusters continue to arise in succession, and with considerable

GEN. V.

SPEC. II.

β E. Herpes
exedens.Under what
modification
called *nirles*.γ E. Herpes
zoster.

Zona ignea.

Description.
Origin.

* By Rayer termed *zona*, and arranged with *bullæ*. The following is his definition of it: — An acute inflammation of the skin, mostly appearing on the trunk, in the form of a semicircular band, consisting of inflamed *vesicles* and *bullæ*. The disease in reality constitutes, according to Rayer's view, the intermediate link between bullous and vesicular inflammations. (See *Traité Théorique et Pratique des Maladies de la Peau*, tom. i. p. 202.) It rarely comes on in a completely simple form. In the midst of the *bullæ* and *vesicles* characterising it, *psyracious* pustules may accidentally present themselves. The lymphatic glands of the axilla or groin are sometimes inflamed in *zona* of the thorax or abdomen. Amongst the internal lesions accompanying that of the skin, none is more frequent than that of the stomach or intestines. (See Rayer, tom. i. p. 206.) The seat of *zona* is in the *corpus reticulare*: the inflammation is not so deep as that of *erysipelas*, and rarely extends to the subcutaneous cellular tissue. Ib. — ED.

† According to Rayer, they consist of greyish or yellowish transparent *bullæ* and *vesicles*, surrounded by a red and inflamed *areola*. They are full of serosity, some being as small as a lentil seed, and others as large as an almond. Although usually separated from one another, several are so close together as to be, as it were, in bunches. In a more advanced stage, the latter are confounded together, and become confluent. In five or six days, the fluid of the *vesicles* assumes an opaline colour, and becomes sero-purulent; and if the inflammation be more intense, the fluid is converted in *topus*. Between the second and fourth days some of the *vesicles* and *bullæ* spontaneously burst, and discharge a limpid, inodorous, serous fluid. The cuticle is detached, and the *corpus reticulare* exposed, leaving so many small inflamed surfaces, which, for a few days, secrete pus, just as a part that has been blistered does. Others shrivel up without bursting, and are transformed into small scabs, which turn to a dark colour, and are soon detached. The appearance of *vesicles* and *bullæ* is always successive. See Rayer, tom. i. p. 203. — ED.

GEN. V.
SPEC. II.
γ E. Herpes
zoster.
Progress.

Termination.

Complaint
generally of
little import-
ance.

But is said to
have termi-
nated fatally,
in cases pro-
bably mistaken.

Predisposing
and occasional
causes.

Not contagi-
ous, though
asserted to be
so by some
writers.

regularity ; that is, nearly in a line with the first, extending always towards the spine at one extremity, and towards the sternum or linea alba at the other ; most commonly passing round the waist like half a sash, but sometimes, like a sword-belt, across the shoulder.* As the patches which first appeared subside, the vesicles become partially confluent, and assume a livid or blackish hue, and terminate in thin dark scabs, the walls of the utricles being thickened by the exsiccation of the grosser parts of the contained fluid. The scabs fall off about the twelfth or fourteenth day, when the exposed surface of the skin appears red and tender ; and, where the ulceration and discharge have been considerable, is pitted with numerous cicatrices. The complaint is generally of little importance, but is sometimes accompanied, especially on the decline of the eruption, with an intense deep-seated pain in the chest, which is not easily allayed by medicine. By some authors, as Hoffman and Platner, it is said to be occasionally malignant and dangerous, and Languis alludes to two cases in noblemen that terminated fatally.† The disorder, however, seems in these instances to have been of a different kind from shingles, and to have depended upon a morbid state of the constitution.‡

This affection is found most frequently in the summer and autumn§, when the skin is most irritable from increased action ; and in persons of a particular diathesis, disposed to herpes, rather than to any other form of scaly eruption. Under these circumstances, slight exciting causes will produce it, as exposure to cold after violent exercise with great heat ; cold cucurbitaceous vegetables, or other substances that disagree with the stomach ; inebriety ; or even a sudden paroxysm of passion, or other other strong mental emotion, of which Schwartz tells us, that he has seen not less than three cases.|| It is more common to early than to later life, being found principally between twelve and twenty-five years of age. It has sometimes appeared critical in bowel complaints, or pulmonic affections.¶ It does not seem to be contagious, though asserted to be so by some writers. “ In the course of my attendance,” says Dr. Bateman, “ at the Public Dispensary dur-

* Zona, as Rayer calls it, is most disposed to begin on the trunk, and especially on the abdomen. It extends from some point of the median line outwards, as far as the vicinity of the vertebral column, and thus produces a sort of half girdle, or semicircle. It never makes a complete circle. Pliny, Turner, Russell, and Tulp, it is true, mention such an occurrence ; but they have not detailed the particulars of any cases of it. Sometimes, when it attacks a part whose circumference is not extensive, it forms three quarters of a circle, thus surrounding the neck like a collar, the arm like a bracelet, the knee like a garter, &c. Instances of zona taking a perpendicular direction, or one parallel to the axis of a limb, are very rare. However, Rayer has seen this happen on the thigh, from the trunk down to the knee. In another case, it encircled the shoulder-joint. When the disease occurs on the face, the inflammation is sometimes propagated into the mouth, only one side of which is affected, and a considerable salivation may thus be excited. In ten cases of zona, referred to by Rayer, eight were on the right side of the body. See *Traité des Mal. de la Peau*, tom. i. p. 205. — ED.

† *Epist. Med.*, p. 110.

‡ Plumbe, on *Diseases of the Skin*, p. 140. 8vo. 1824.

§ The causes of this disease seem to Rayer not to be very well made out ; but, he observes, that it is most common in hot weather. Tom. ii. p. 206. — ED.

|| *Diss. de Zonâ Serpigniosâ*. Hal. 1745.

¶ Bateman, on *Cutaneous Diseases*, p. 227. 8vo. 1813.

ing eleven years, between thirty and forty cases of shingles have occurred, none of which were traced to a contagious origin, or occasioned the disease in other individuals."

The RINGWORM is a still slighter variety of herpes than shingles, both with respect to disquieting symptoms, and range of the disease. Here the vesicles are restricted to the circumference of the herpetic patch, thus forming an annular outline; the central area, however, in some degree participating in the inflammation, becomes roughish, and of a dull red colour, and throws off an exfoliation as the vesicles decline, leaving a red and tender surface beneath. The process is completed in about a week: but a fresh crop of herpetic circles often springs up in the neighbourhood, or in some other part of the body; and, as such crops are occasionally repeated many times in succession, the course of the disease is not unfrequently protracted through a long period, and migrates over the entire surface from face to foot. Yet no other inconvenience attends it, than a disquieting itching and tingling in the patches. It is found most frequently in children, and, though deemed contagious, affords no real ground for such an opinion. It has, indeed, been traced in some instances, in several children of the same school or family at the same time; but, perhaps, only where the same occasional cause, whatever that may be, has been operating upon all of them: while, in most instances, the examples have consisted in single patients who have not been debarred communication, or even sleeping, with their school-fellows, or other branches of a family.

The RAINBOW WORM, or tetter, is of a rare occurrence, and was by Dr. Willan at first mistaken for an exanthem, in consequence of his having only seen it in its earliest stage: on which account, in the first edition of his Table of Classification, he called it a rainbow rash. The error has been corrected by Dr. Bateman, to whom we are indebted for the first accurate description of it. Its usual seat is on the back or the hands, or the palms and fingers, sometimes on the instep. The patches are very small, and at their full size, do not exceed that of a sixpence. Its first appearance is that of an efflorescence, but by degrees the concentric and iridescent rings become distinctly formed and vesiculated, and even the area partakes of the vesication, and becomes an umbo. The utricles are distended in about nine days, they continue stationary for two days more, and then gradually decline, and disappear a week afterwards. The central vesicle is of a yellowish-white colour: the innermost ring of a dark or brownish-red; the second of nearly the central tint; the third, which is narrower than the rest, is dark-red; the fourth, or outermost, which does not appear till the seventh, eighth, or ninth day, is of a light-red hue, and is gradually lost in the ordinary colour of the skin.

This variety has only been seen in young persons, and is unconnected with any constitutional affection. Its exciting cause is not known: though it has occasionally followed a severe catarrhal affection, accompanied with hoarseness. It has also occasionally recurred several times in the same person, always occupying the same parts and going through its course in the same periods of time.

GEN. V.
SPEC. II.
γ E. Herpes
zoster.
δ E. Herpes
circinatus.

Termination.

Found chiefly
in children.
Probably not
contagious.

ε E. Herpes
iris.

Mistaken by
Willan for a
rash.

Usual seat.

Origin.
Progress.

Decline.

Only found in
young persons.

GEN. V.
SPEC. II.
§ E. Herpes
localis.

Of the lip :

within the
mouth :

of the prepuce :
apt to be mis-
taken for a
chancre.

How to be
distinguished.

General
medical
treatment.

The LOCAL RINGWORM is accompanied with a considerable sense of heat and itching or tingling irritation in the region in which it originates. That of the lip renders the adjoining parts hard, and tumid, and painful, and especially the angle of the mouth ; the form is usually semicircular ; and though the herpes does not spread to any considerable distance, it is sometimes found at the same time within the mouth, forming imperfect rings on the tonsils and uvula, and producing an herpetic sore throat. It usually appears, however, as a symptom or sequel of some disease of the abdominal viscera, and sometimes proves critical to them. It terminates, as in other cases, in ten or fifteen days in dark thick scabs, which form over a red and tender new cuticle.

The local ringworm of the prepuce is apt to be mistaken at first for a chancre, and still more so, if, under the influence of this mistake, it be treated with irritants ; for the base will then become much more thickened and inflamed, and the natural course of the vesicles will be interrupted. If the eruption be left alone, it will prove itself in about twenty-four hours by the enlargement and distinct form of the vesicles, and their assuming an annular line. They die away after having run their course, as in the other varieties. The exciting cause of this is not known. It has been ascribed, however, by Mr. Pearson, to a previous use of mercury. Like several of the other modifications, it has a tendency to recur, after it has once shown itself.

No internal use of medicine is necessary in the treatment of any of the varieties of herpes, except when the constitution becomes affected from the irritation : and, in such case, a gentle purgative or two should be administered at first *, and a plan of tonics † be laid down afterwards, the diet being simple and plain. ‡

External applications are almost of as little avail ; for the eruption must have time to run through its course, and, if this be in-

* The annexed formula is given by Dr. A. T. Thomson : —

R Magnesiæ carbonatis ʒ ss.
Sodæ bicarbonatis ʒj.
Vini colchici f. ʒj.
Aq. distillatæ f. ʒ ix.
Syrupi tolutani m x.

Fiat haustus, in effervescentiæ impetu ipso, cum succi limonum cochleari amplo uno, bis in die sumendus. — ED.

† R Sodæ bicarbonatis ʒ ss.
Infusi gentianæ comp. f. ʒ ix.
Tinct. columbæ f. ʒj.
Syrupi aurantii f. ʒ ss.

Fiat haustus, in impetu effervescentiæ, cum succi limonum recentis cochleari amplo uno, ter in die sumendus. (See Dr. A. T. Thomson's Atlas of Delineations of Cutaneous Diseases, p. 80.) In obstinate cases he prescribes the foregoing draughts, or the hydrargyrum cum creta, with decoction of sarsaparilla. — ED.

‡ Repose, the antiphlogistic regimen, cooling beverages, venesection, and, still more commonly, topical bleedings on the epigastrium, and near the verge of the anus, are set down by Rayer as the proper measures for relieving the symptoms, which are the forerunners of herpes zoster, or, rather, for relieving the gastrointestinal inflammation, that is the cause of them. When the eruption has made its appearance, their intensity may diminish, or it may continue in the same degree for several days, so as to require a repetition of local bleeding and emollient clysters. Rayer is of opinion that general bleeding is only right when herpes zoster covers an extensive surface, or is conjoined with another more or less serious inflammation. Tom. i. p. 208. — ED.

errupted, we shall certainly prolong the period, and add to the irritation. Stimulating ointments and lotions were in use formerly *, but they have now been judiciously laid aside, as only tending to exacerbate the affection. When, from the viscosity of the discharged fluid, the vesicles are apt to adhere to the clothes or whatever covering they come in contact with, they may be covered with a layer of cetaceous cerate on lint: but keeping the part clean with soap and water, and the application of a layer of lint alone, will be most useful in the local variety of the prepuce, as even oleaginous applications are apt to cause irritation. †

GEN. V.
SPEC. II.
Ecphtysis
herpes.

SPECIES III.

ECPHTYSIS RHYPIA.

SORDID BLAIN.

ERUPTION OF BROAD, FLATTISH, DISTINCT VESICLES; BASE SLIGHTLY INFLAMED; FLUID SANIOUS; SCABS THIN AND SUPERFICIAL: EASILY RUBBED OFF AND REPRODUCED. ‡

FOR a distinct arrangement of this species in medical classification, we are altogether indebted to Dr. Bateman, who has denominated it *rupia*, from *ῥύπος*, “sordes,” as indicative of the ill smell and sordid condition of the diseased parts: and, in his *Delineations*, he has given two excellent coloured plates of its appearance under different modifications. *Ῥύπος*, however, with its aspirate and the ordinary power of the *v*, should be rendered in Latin characters RHYPIA, as now given, and only altered for the sake of greater correctness.

GEN. V.
SPEC. III.
Rupia of
Bateman.

The species offers three varieties, as follow: —

- | | |
|-----------------------|-------------------------------------|
| α Simplex. | Scab flat; livid or blackish; shape |
| Simple sordid blain. | circular. |
| β Prominens. | Scab elevated, conical, and black- |
| Limpet-shelled blain. | ish; shape, limpet-shelled. |

* For herpes circinatus (ringworm), and herpes iris (tetter), solutions of sulphate of copper, or zinc, or borax, or alum, are still in common use. When considerable pain and heat are experienced, Dr. A. T. Thomson looks upon one part of tincture of opium, and two parts of water, as the best application for herpes circinatus. — ED.

† In herpes zoster, when the areolæ of the bullæ and vesicles are very red, much inflamed, and painful, Rayer advises leeches to be applied round the part affected, or near the most tender places; and the patient to be plunged in a tepid emollient narcotic bath. Topical emollients, he says, rarely expedite the cure. Opiate liniments, he admits, are sometimes useful in assuaging the pain and restlessness. The inflamed skin, he thinks, should always be preserved from the contact of the air and from the friction of the clothes, by covering it with silk paper dipped in oil, or an opiate liniment. See Rayer, *Traité des Maladies de la Peau*, tom. i. p. 209. — ED.

‡ Rayer classes rupia, the rhyphia of Dr. Good, with bullous inflammations of the skin; he defines it as characterised by small flattish bullæ, few in number, with inflamed bases, and containing a serous fluid, that very soon thickens, and becomes purulent or bloody, drying into dark-coloured scabs, thin, or elevated. See Rayer, *Traité des Mal. de la Peau*, tom. i. p. 196. — ED.

GEN. V.
SPEC. III.
Ecphlysis
rhyphia.
General
remarks.

γ Escharotica.
Erosive blain.

Sanious discharge; erosive, producing gangrenous eschars.

The vesicles under this species never become confluent: their progress is slow, and leads to an ill-conditioned discharge, which concretes into thin, superficial, and chocolate-coloured scabs, of the distinctive characters noticed above.* When the ulcers under the scab, in the two first varieties, heal, they still leave the surface of a livid or blackish colour, as if from a pigment in the rete mucosum. The second variety assumes the direct form and swell of a small limpet-shell with its open part downwards, but its colour is much darker. †

Limpet-shelled
variety.

All the modes of this eruption are connected with a debilitated, and hence frequently with a cachectic, state of the system, and the first is sometimes accompanied with symptoms resembling those produced by a morbidic poison. They occasionally make a near approach to the ecthymata ‡, but differ in the form, shape, and size of the vesicle, and in the colour and consistence of the contained fluid, as consisting of flattened muddy blains, and forming larger and more circular scabs.

Escharotic
variety.

The escharotic variety affects only infants and young children, when reduced by bad diet and nursing, or some severe disease, as the small-pox. The vesicles are generally found on the loins, thighs, and other parts of the extremities, and appear to contain a corrosive sanies: some of them frequently terminate in gangrenous eschars, which leave deep indentations.

Mode of
treatment.

The disease is only to be combated by supporting the system, and restoring it to a state of vigour by means of good, light, nutritious diet, and the use of alterative and tonic medicines, as the compound pill of the submuriate of mercury, bark, columbo, and sarsaparilla. §

* When the small bullæ of rupia are prematurely broken or torn, the skin becomes excoriated, and not covered with scabs. See Rayer, tom. i. p. 197. — ED.

† Bateman, ut suprâ, p. 237. Rupia mostly occurs on the legs, but sometimes on the loins and thighs. It usually attacks children of delicate constitutions, or enfeebled by previous illnesses. Scrofulous children are deemed particularly subject to it. Winter is the time when it is most disposed to occur, attacking principally such as are badly clothed, badly lodged, or badly fed, and especially after they have been suffering from small-pox, ecthyma, &c. Rayer has known rupia complicated with subcutaneous hemorrhages, or bleeding from the mucous membranes. According to this author, rupia is never itself a dangerous disease, and if the cure is sometimes tedious, this is because the disorder often takes place in individuals afflicted with hemorrhages, chronic inflammation of the digestive organs, lungs, &c. or labouring under the debilitating influence of misery. See *Traité Théorique, &c. des Maladies de la Peau*, tom. i. p. 198. — ED.

‡ See the ensuing Genus, Spec. III. Ecpyesis Ecthyma.

§ Another indication is, to combat any internal inflammation that may be present. Rayer recommends opening the bullæ, if they contain serosity. — ED.

SPECIES IV.

ECPHLYSIS ECZEMA.

HEAT ERUPTION.

ERUPTION OF MINUTE, ACUMINATED VESICLES, DISTINCT, BUT CLOSELY CROWDING ON EACH OTHER; PELLUCID OR MILKY; WITH TROUBLESOME ITCHING OR TINGLING; TERMINATING IN THIN SCALES OR SCABS; OCCASIONALLY SURROUNDED BY A BLUSHING HALO.

ECZEMA, from ἐκζέω, “efferveo,” is the hidroa of Sauvages and Vogel: it is common to all countries in the summer, and has been described in all ages. Its proximate cause is irritation in consequence of exposure to the direct rays of the sun, or to air of a high temperature, or to violent exercise. Hence it chiefly affects those parts that are most exposed to this influence, as the face, neck, and fore-arms in women, but particularly the back of the hands and fingers; the latter being sometimes so tumefied that the rings cannot be drawn off. The blushing halo, by which they are surrounded, is popularly called a *heat-spot*. In men of a sanguine temperament, and who use violent exercise in hot weather, these vesicles are intermixed in various places with minute pustules possessing a hard, circular base, the phlyzadium of Willan, or with hard and painful tubercles, which appear in succession, and rise to the size of small boils, and suppurate very slowly, though without a central core. The vesicles are apt to be confounded with two other eruptions of very different kinds; miliaria, while it spreads widely over the body, and scabies, when fixed chiefly about the wrists, the ball of the thumbs, and the fingers. It is, however, distinguishable from the former, by being unaccompanied with fever, or any other constitutional derangement; and from the latter by the pellucidity and acumination of the vesicles, the closeness and uniformity of their distribution, and the absence of surrounding inflammation, or subsequent ulceration. The sensation, moreover, to which it gives rise, is that of a smarting or tingling, rather than of an itching.

The eruption is irregularly successive, and has no determinate period of decline, which very much depends upon the irritability of the skin itself. Generally, however, it runs its course in two or three weeks, and subsides slowly and almost imperceptibly. But when the skin is highly irritable, it will sometimes continue till the weather grows cool in the autumn, and consequently for two or even three months.

Medicine, external or internal, seems to accomplish but little. In most cases, the reaction of a cold bath increases the irritation: and hence, a tepid bath is most serviceable. Astringent lotions add equally to the irritability, as do unguents of all kinds. Washing the parts with mild or Windsor soap and tepid water, I have

GEN. V.

SPEC. IV.

Origin of specific term.

Ordinary cause excess of heat.

Often connected with phlyzacia or tubercles.

Sometimes confounded with miliaria, or scabies.

How distinguishable.

Progress.

Medical treatment.

GEN. V.
SPEC. IV.
Ecpchlysis
eczema.

found most effectual — when, in a few days, the skin will bear a soap of a coarser kind with still more advantage. When the irritability of the skin is connected with that of the general frame, the mineral acids, and other astringent tonics, have proved decidedly beneficial.

Eczema im-
petiginodes of
Bateman.

The *eczema impetiginodes* of Dr. Bateman is an eczema set down on an impetiginous habit of the skin, and is hence a mixed complaint.* His *eczema rubrum*, or *mercuriale*, has already been described as an erythema.†

GENUS VI.

ECPYESIS.

HUMID SCALL.

ERUPTION OF SMALL PUSTULES, DISTINCT OR CONFLUENT;
HARDENING INTO CRUSTULAR PLATES.

GEN. VI.
Origin of the
generic term.
How distin-
guished from
empyesis.

ECPYESIS is a Greek term, from ἐκπύω, “suppuro.” It is here used in contradistinction to EMPYESIS, already employed ‡ to import deep-seated suppurations; and consequently is intended to describe pustular eruptions simply cutaneous, or not necessarily connected with internal affection, as opposed to those which result from an internal cause. The genus, therefore, embraces the pus-

* Whether this statement is correct, may admit of doubt: eczema impetiginodes is usually regarded as a local eruption, consisting of separate vesicles, containing a transparent fluid, slightly elevated, attended with pain, heat, smarting, and intense itching, and some degree of swelling. When the vesicles break, the effused lymph irritates and inflames the surrounding skin, which becomes red, and the cuticle thick and rough, like what is observed in impetigo. The diseases termed grocers' itch and bricklayers' itch are by some writers considered as varieties of psoriasis, by some as modifications of impetigo, and by others as specimens of eczema impetiginodes. Thus, Dr. A. T. Thomson observes, that this last species of eczema often arises from local irritants, as blisters; the ointment of tartarised antimony; the acrid powders with which the hands of many artisans are constantly covered; as, for instance, grocers, bricklayers, and file-makers. It may be mistaken for itch, when it appears on the wrists and fingers; but, in scabies, the itching, which returns in paroxysms, is very different from the stinging sensations of eczema; neither is eczema contagious. (See Dr. A. T. Thomson's Atlas of Delineations of Cutaneous Diseases, p. 88.) For allaying the pain and tingling of eczema impetiginodes, this author recommends the following lotions: —

Rx Acidi hydrocyanici f. ʒ ij.
Hydrarg. oxymuriatis gr. iij.
Mist. Amygdalæ amaræ f. ʒ vj.

Fiat lotio subinde utenda.

Or touching the parts with a solution of nitrate of silver: —

Rx Argenti nitratis ʒ iss.
Aq. distillatæ f. ʒ v.

Solve: pauxillum, ope pencilli, partibus affectis applicandum. — Ed.

† Erythema vesiculare, vol. ii. p. 68.

‡ Vol. ii. p. 370.

tulæ of Dr. Willan, which he has correctly defined “elevations of the cuticle with an inflamed base containing pus.”

The old English term for ecpyësis or pustula in this sense of the word is *scall*, from the Saxon *scala* or *sceala*, not essentially different from the medical sense of *scale*. The *scall* was of two kinds, dry and moist: both which are clearly referred to in the Levitical law that governed in the matter of plague. The former is there denominated סִפְּחַת (*saphat*), as we have already observed, when treating of lepra, and the latter, or the eruption before us, נֶתֶק (*netek*). * The Arabians, like our own ancestors, denominated both these by a common name (سَهْفَة) (*sahafata*) from (سَهْف) (*sahaf*), squammæ, or rather from the Hebrew סִפְּחַת (*saphat*): distinguishing the one from the other, like our ancestors also, by the adjuncts dry and humid: so that the *sahafata* of the Arabians is a direct synonym of the old English or Saxon *scale*. In our established version, the Hebrew נֶתֶק (*netek*), which imports the eruption before us or *humid* scall, is by mistake rendered *dry* scall, which, as remarked above, is a סִפְּחַת (*saphat*). The expletive *dry* does not occur in the original, and that נֶתֶק (*netek*) denotes humid scall rather than dry scall is clear from the explanation contained in the bible context, in which it is represented as a scall, seated on the hair or beard, and affecting its strength and colour, forming so thick a crust, or scab, that its removal by shaving cannot be accomplished, or ought not to be attempted. It is distinctly, therefore, a porrigo or scabby scall, and is thus verbally rendered in the Latin version of Tremellius and Junius, forming one of the species of the present genus; and seems to be one of the two modifications of it which, in our own language, are denominated honeycomb scall, and scalled head. Θραῦσμα, by which *netek* is rendered in the Septuagint, is literally *crust*, a very significant term in common use to express the peculiar nature of the scab that hardens on the porriginous sore. Tetter, a corruption from the French dartre, or the Greek δαρτῆς, has of late years been used synonymously with scall, and has almost supplanted it: but the proper meaning of dartre, or tetter, is herpes, to which, in this work, it is confined, an excoriating eruption of a vesicular or ichorous kind.

The species that belong to this genus are the following:—

- | | |
|-----------------------|-----------------|
| 1. ECPYESIS IMPETIGO. | RUNNING SCALL. |
| 2. ————— PORRIGO. | SCABBY SCALL. |
| 3. ————— ECTHYMA. | PAPULOUS SCALL. |
| 4. ————— SCABIES. | ITCH. |

All these specific terms have been loosely employed, and in very different significations, by most writers. They are here limited to the definite senses assigned them by Dr. Willan; and, with the exception of *ecthyma*, by Celsus, whom Willan has followed. *Ecthyma* does not occur in Celsus, though it is found in Galen, but in a sense somewhat different from its use in modern times, as will be further noticed hereafter.

* Leviticus, xiii. 30, 31.

GEN. VI.
Ecpyësis.

Origin of the
old English
term scall.

Arabic and
Hebrew
synonyms.
Saphata netek.

Ecpyësis the
netek of the
Levitical code,

which is ren-
dered porrigo
by several of
the Latin
versions.
Thrausma,
what.

Tetter, whence
derived.

All these terms
have been
loosely em-
ployed
formerly.

SPECIES I.

ECPYESIS IMPETIGO.*

RUNNING SCALL.

PUSTULES CLUSTERING, YELLOW, ITCHING; TERMINATING IN A
YELLOW SCALY CRUST, INTERSECTED WITH CRACKS.

GEN. VI.
SPEC. I.

THE specific term is a derivative from *impeto*, "to infest:" it is used in its ordinary and restrained sense, as opposed to the unauthorised latitude assigned to it by Professor Frank, who, as already observed, employs it as the name for an entire class; and the following are its varieties: —

- | | |
|--|---|
| <p><i>a</i> Sparsa.
Scattered humid scall.</p> | <p>Clusters loose; irregularly scattered; chiefly over the extremities; often succeeded by fresh crops.</p> |
| <p><i>β</i> Herpetica.
Herpetic scall.</p> | <p>Clusters circular, crowded with pustules, intermixed with vesicles; often with exterior concentric rings surrounding the interior area as it heals: itching accompanied with heat and smarting. Chiefly in the hands and wrists.</p> |
| <p><i>γ</i> Erythematica.
Erythematic scall.</p> | <p>Pustules scattered; preceded by erythematic blush and intumescence; often by febrile or other constitutional affection. Chiefly in the face, neck, and chest.</p> |
| <p><i>δ</i> Laminosa.
Laminated scall.</p> | <p>Pustules confluent; chiefly in the extremities; the aggregate</p> |

* A cutaneous inflammation, not essentially attended with fever, nor contagious, characterised by small pustules, agglomerated or discrete, termed by Willan *psudracious*, and the fluid of which, after their bursting, dries in the form of yellow scabs, laminated or elevated. (See Rayer, *Traité Théorique et Pratique des Maladies de la Peau*, tom. i. p. 471.) The principal forms of impetigo, according to Rayer, are only two: sometimes the *psudracious* pustules are disposed in clusters (the *impetigo figurata* of Willan), sometimes they are scattered over the parts affected (the *impetigo sparsa* of Willan). Each of these varieties may be acute or chronic, according as it may consist of one or of several successive eruptions of pustules. The *impetigo figurata* of Willan most commonly attacks young subjects of a lymphatic temperament. It may come on unpreceded by any admonitory symptoms, or may be ushered in with symptoms of gastro-enteritis, pain in the epigastrium, restlessness, lassitude, &c. It is most frequently noticed on the face, and almost always on the middle of the cheeks. It may cover the whole of these parts, and then extend to the commissure of the lips, and form a circle round the chin. It has also been observed on the neck, trunk, and limbs, where the clusters of *psudracious* pustules and the scabs following them, are usually circular on the forearm and hands, and on the lower extremities broader than on the upper. See Rayer, tom. i. p. 474. — ED.

scabs forming a thick, rough, and rigid casing around the affected limb, so as to impede its motion; a thin ichor exuding from the numerous cracks.

GEN. VI.
SPEC. I.
Ecpyesis
impetigo.

α Exedens.
Erosive scall.

The purulent discharge corroding the skin and cellular membrane.

ζ Localis.
Local humid scall.

Confined to a particular part; mostly the hands or fingers; and produced by external stimulants, as sugar or lime.

The differences are sufficiently clear from these definitions. The first variety, or SCATTERED HUMID SCALL, has sometimes been confounded with varieties of PORRIGO and SCABIES, constituting two subsequent species of the present genus. It differs from porrigo, however, in having the purulent discharge succeeded by an ichorous humour soon after the eruption has shown itself, and in the possession of a thinner and less extensive scab.* It differs from scabies in its more copious exudation of ichor, when the latter is secreted, in the magnitude and slower progress of the utricles, [in the conversion of the discharge into yellow, prominent, or laminated scabs,] and in the sensation of heat and smarting, rather than of itching, which accompanies the disease; and differs from both in being uncontagious.†

General remarks.

α E. Impetigo sparsa.

Scattered humid scall: has been confounded with porrigo and scabies.

How distinguishable.

The ERYTHEMATIC FORM commences with the ordinary signs of an erysipelas, as a redness and puffy swelling of the upper part of the face, with an œdema of the eyelids; and the irritation is sometimes accompanied with some degree of pyrexia for two or three days. But a critical eye will easily perceive that, instead of the smooth polish of the erysipelas, there is a slight inequality

γ E. Impetigo erythematica.

How distinguishable from erysipelas.

* The small pustules of porrigo favosa are never humid, like those of impetigo, but covered with a yellow dry scab, excavated in the form of a little cup. The diminutive pustules of porrigo scutulata, or circinata, are indeed disposed in clusters, like those of impetigo figurata; but the fluid which they contain is contagious. Impetigo figurata usually occurs on the face, and in adults; while porrigo circinata is almost exclusively seen in children, and on the scalp. The porrigo larvæ of Willan is more difficultly discriminated from the impetigo sparsa. See Rayer, tom. i. p. 479. — Ed.

† Impetigo sparsa, though most frequent on the limbs, may take place on the neck, shoulders, face, and ears. On the lower extremities of old debilitated persons it is always a tedious disease, sometimes spreading over the whole leg, from the knee down to the ankle and instep, and rendering motion of the limb painful. The scabs become large and adherent, and the leg is at length covered with one thick yellowish scab, which, as it dries, becomes rough and grooved, like the bark of a tree. The inflamed parts are the seat of annoying heat and acute itching, and out of the several fissures a yellow matter oozes, and dries up, so as to produce additional scabs. Sometimes the disease extends to the toes, and the nails are detached; and amongst the frequent consequences of this form of impetigo are œdema and ulcers of the limb; the impetigo exedens of the present system, it is to be presumed, though Dr. Good describes it as affecting the side of the chest or the trunk. The impetigo sparsa of the upper extremities is mostly situated on the forearm, and only differs from that of the lower in being less severe, and in its chronic state being more rarely complicated with œdema and ulceration. See Rayer, tom. i. p. 476. — Ed.

GEN. VI.

SPEC. I.

γ E. Impetigo erythematica.

on the surface, as if it were obscurely papulated, and, in a day or two, the disease will show its true character by the formation of numerous psudracious pustules * over the inflamed and humid skin, instead of the large irregular bullæ of erysipelas. The pustules are formed with a sense of heat, smarting, and itching, and, as they break, they discharge a hot and acrid fluid, which adds to the irritation and excoriation of the surface. In this painful condition, the face or other part remains for ten days or a fortnight, when the discharge begins to diminish, and to concrete into thin yellowish scabs. Fresh pustules, however, arise in the neighbourhood, and the disease runs on from one to two or three months, according to the irritability of the skin and its tendency to be affected by continuous sympathy. It has sometimes perambulated the entire surface from head to foot: during the whole of which course the constitution is scarcely disturbed, or in any way affected. †

δ E. Impetigo laminosa.

The LAMINATED HUMID SCALL is sometimes conjoined in the lower limbs with cellular dropsy, and produces severe ulceration: and its incrustation occasionally extends to the fingers and toes, and destroys the nails, being succeeded by nails of an imperfect fabrication, thick, notched, and irregular.

ε E. Impetigo exedens.

The EROSION FORM is rare, and highly intractable. It commences on the side of the chest or trunk of the body, and gradually extends itself. The pustules are here intermixed with vesicles, the fluid is peculiarly acrid and erosive, and the skin and cellular texture are slowly, but deeply and extensively destroyed, with very great pain and irritation: insomuch that the disease is said by some, though with little foundation, to be of a cancerous nature.

ζ E. Impetigo localis.

The LOCAL FORM is mostly produced by the use of irritant materials, constantly applied to the parts affected, which are chiefly the hands, as sugar among the labourers in grocery warehouses, and lime among bricklayers. Whence this variety has been vulgarly called *Grocers' Itch* ‡ or *Bricklayers' Itch*. According to the peculiar character of the skin, the eruption is sometimes vesicular, and belongs to the preceding genus, being a modification of eczema; but more generally pustulous, and appertains to the genus before us. In neither instance does it seem to be contagious.

Grocers' itch.
Bricklayers' itch.

Uncontagious.

* Small, not pointed, and very little raised. — ED.

† This is not always the case: in some examples, mentioned by Dr. Elliotson in his Clinical Lectures (Lancet, 1830-31, p. 489.), the patients had headach and a full pulse, with drowsiness, sometimes giddiness, heat, thirst, &c. The blood taken away exhibited a buffy crust and concave surface. In fact, the local symptoms of impetigo may be combined with those of gastro-intestinal inflammation; the lymphatic glands in the vicinity of the cutaneous affection may inflame and swell, and the excessive itching of the skin may prevent sleep, and disorder various functions. But, according to Rayer, one of the most important complications to be studied, is that of the pustules of impetigo with the vesicles of eczema. (Eczema impetiginodes.) This vesiculo-pustular disease, mentioned by Dr. Good under the name of E. impetigo exedens, is generally very severe, and, when it attacks the arms, usually begins on the wrists, thence spreads to the backs of the hands, phalanges of the fingers, and matrices of the nails, while it is extending itself in an opposite direction up the forearm. See Rayer, tom. i. p. 477. — ED.

‡ Rayer describes this affection as a variety of psoriasis diffusa. See *Traité des Mal. de la Peau*, tom. ii. p. 37. — ED.

Most of the causes enumerated under LEPRIASIS, and many of the species of ECPHLYSIS, operate in the present species, as general debility or relaxation, with a skin peculiarly irritable; poor diet; filth; fatigue; and local stimulants.* And hence, when the constitution seems to catenate with the disease, the same general remedies have been found successful; as the alkalies, sulphur taken freely, Plummer's pill, the alterative decoctions or infusions of dulcamara, ledum palustre, juniper-tops, sarsaparilla, and mezereon; together with frequent warm bathing for the purpose of purifying and softening the skin.† In connection with these, we should have recourse to such external applications as may best tend to diminish the irritability of the cutaneous vessels, and give tone to their action. The most useful of these are the metallic oxides, with the exception of those of lead, which are rarely useful, at least if employed alone; and are often found injurious. About ten grains of sublimate dissolved in a pint of distilled water, with a small proportion of muriated ammonia, will frequently prove a valuable remedy. Or the oxide of zinc may be applied in the form of an ointment, which I have often found serviceable, prepared in the manner already noticed under the species prurigo. Lime-water is also recommended by many writers, and has proved useful as a stimulant astringent; as have also solutions of alum, and sulphate of zinc, and sulphuret of potash, the old liver of sulphur: but I have found them less useful than the zinc ointment.

The acrid oil, contained in the shell of the cashew-nut, has often been employed with great advantage in some of these varieties, and especially when the disease is decidedly local, and a local change of action is the grand desideratum. In many cases,

GEN. VI.
SPEC. I.
ζ E. Impetigo localis.
General causes.
Medical treatment.
Alterants.
External applications.
Metallic tonics and astringents.
Lime-water.
Cashew-nut oil.

* The causes of impetigo seem to Rayer to be very obscure. Young persons of fine delicate complexions are occasionally attacked by it in the face, after exposing themselves to the heat of the sun; but, according to the same authority, it is more frequently met with in adults than either children or old subjects. It is capable of being excited by other cutaneous inflammations, especially that of repeated attacks of lichen agrius. It is often accompanied with inflammatory affections of the digestive organs, and this is particularly noticed in children, during the period of the first or second dentition. See Rayer, tom. i. p. 478. — Ed.

† In the cases under Dr. Elliotson, already quoted, in which a full pulse, heat, thirst, drowsiness, and giddiness, &c. existed, the treatment consisted in bleeding, low diet, and small quantities of mercury. In the commencement of impetigo, and whenever it is attended with redness of the skin, or a considerable eruption of pustules, Rayer advises bleeding. General or local tepid bathing in emollient anodyne decoctions, and gentle frictions with the ung. zinci, vel plumbi acetatis, he speaks of as useful in lessening the inflammation and morbid secretion, which is the effect of it. When the disease is no longer acute, the detachment of the scabs is to be promoted by the application of steam, which, however, will be hurtful, if employed before the inflammation has been removed. If no gastro-intestinal inflammation be present, Rayer sanctions the exhibition of saline purgatives; but, in the contrary case, he orders leeches to the epigastrium and verge of the anus. In chronic impetigo, he is an advocate for repeatedly taking away blood from the neighbourhood of the inflamed parts, and for employing emollient sedative lotions, and the steam of hot water, with a purgative occasionally, when the state of the digestive organs will admit of it. In a later stage, when the skin is not tender nor inflamed, sulphureous mineral waters may be employed, or sea-bathing. It is in this state of the disease that the ung. hydrarg. nitrat., or caustics, have sometimes answered. Antimonial, mercurial, and arsenical medicines, Rayer disapproves of, as producing chronic affections of the digestive organs, worse than the disease of the skin. See tom. i. p. 481. — Ed.

GEN. VI.
SPEC. I.
ζ E. Impetigo
localis.
Treatment.
Skin will not
always bear
stimulants.

however, the skin is too irritable for stimulants of any kind, and will only bear warm water, or a decoction of mallows, poppy-heads, or digitalis: after which the excoriated surface may be smeared with cream or an emulsion of almonds. In general, nevertheless, astringent stimulants agree far better with this affection than with herpes. The burning and maddening pain in the erosive scall can rarely be alleviated but by opium. The Harrowgate waters are generally recommended, and, in many instances, have certainly been found useful.

SPECIES II.

ECPYESIS PORRIGO.*

SCABBY SCALL.

PUSTULES STRAW-COLOURED; CONCRETING INTO SCALES OR
YELLOW SCABS.

GEN. VI.
SPEC. II.
Porrigo of
Celsus and
Willan.

THIS is the PORRIGO of Celsus and Willan, from *porrigo*, “to spread about;” and the tinea of Sauvages and most of the nosologists. It offers the following varieties:—

α Crustacea.
Milky scall.

Pustules commencing on the cheeks or forehead in patches; scabs often confluent, covering the whole face with a continuous incrustation (*porrigo larvalis*). Found chiefly in infants during the period of lactation.

β Galeata.
Scalled head.

Pustules commencing on the scalp in distinct, often distant, patches; gradually spreading till the whole head is covered as with a helmet; cuticle below the scabs, red, shining, dotted with papillous apertures, oozing fresh matter; roots of the hair destroyed: contagious. Found chiefly in children during dentition.

* Rayet, careful not to confound *ptyriasis*, *psoriasis*, *lepra*, *impetigo*, chronic *eczema*, syphilitic eruptions of the scalp, with *tinea*, or *porrigo*, admits four species of the latter disease: *tinea favosa* (*porrigo favosa*); *tinea annularis* (*porrigo circinata*); *tinea granulata* (*porrigo lupinosa*); and *tinea mucosa* (*porrigo crustacea*). He considers, likewise, these four cases as very distinct from one another, and not as varieties of the same affection. Their individual existence is founded upon characters as striking as those of other pustular inflammations of the skin. Some *tineæ* are contagious, while others are not so; a circumstance which obviates every supposition of the identity of their nature. What renders the consideration of them as varieties of the same inflammation still less admissible, is, that they are seldom combined together. See Rayet, *Traité des Maladies de la Peau*, tom. i. p. 496. — ED.

<p>γ Favosa. Honeycomb scall.</p>	<p>Pustules common to the head, trunk, and extremities *; pea-sized; flattened at the top: in clusters, often uniting; discharge fetid: scabs honey-combed, the cells filled with fluid. Found both in early and adult age. †</p>	<p>GEN. VI. SPEC. II. Ecpyesis porrigo.</p>
<p>δ Lupinosa.</p>	<p>Pustules minute in small patches, mostly commencing on the scalp; patches terminating in dry, delving scabs resembling lupine seeds; the interstices often covered with a thin, whitish, exfoliating incrustation. Found chiefly in early life.</p>	
<p>ε Furfuracea. Furfuraceous scall.</p>	<p>Pustules very minute, with little fluid; seated on the scalp; terminating in scurfy scales. Found chiefly in adults.</p>	
<p>ζ Circinata. Ringworm scall.</p>	<p>Clusters of very minute pustules seated on the scalp in circular plots of baldness with a brown or reddish, and somewhat furfuraceous base. Found chiefly in children.</p>	

The FIRST VARIETY is the *crusta lactea* of numerous authors, the *tinea lactea* of Sauvages, so called from the milky or rather the creamy appearance and consistency of the discharge, whence the French name of *croute de lait*, and our own of milky scall. It is almost exclusively a disease of infancy, at which period the skin of the head is peculiarly tender and delicate. It commences ordinarily on the forehead and cheeks in an eruption of numerous minute and yellowish white pustules, which are crowded together upon a red surface, and break and discharge a viscid fluid that concretes into thin yellowish scabs. As the pustular patches spread, the discharge is renewed, and continues to be thrown forth from beneath the scabs, increasing their thickness and extent, till the forehead, and sometimes the cheeks and entire face, become covered as with a cap: the eyelids and nose alone remaining free from the incrustation. The quantity of the discharge varies considerably, so that in some instances the scabs are nearly dry. As they fall off and cease to be renewed, a red and tender cuticle is exposed to view, like that in impetigo, but without a tendency

a E. Porrigo
crustacea.

Crusta lactea,
or tinea lactea,
of authors.

Croute de lait.

Commence-
ment.

Progress.

* It takes place ordinarily on the scalp, sometimes extending to the temples, eyelids, and forehead; and more rarely to the shoulders, elbows, and forearm. Rayer saw an instance in which it covered all the back of the trunk down to the sacrum, and likewise the knees, and the upper and outer part of the legs. The patient, who was twelve years of age, had none of the disease on the scalp. Op. cit., tom. i. p. 497. — Ed.

† But not in equal proportions; the majority of cases at the Bureau Central des Hôpitaux being in children of seven, eight, and nine years, and especially seven. See Rayer, Traité des Mal. de la Peau, tom. i. p. 502. — Ed.

GEN. VI.
SPEC. II.
α E. Porrigo
crustacea.

Termination.

β E. Porrigo
galeata.

Description.
Commence-
ment.

Progress.

Lymphatic
system soon
affected.

Glandular
tumours.

to crack into fissures. Smaller patches are occasionally formed about the neck and breast, and even on the extremities, and the disease runs on for several weeks, sometimes several months: during which the constitution suffers but little, except from a troublesome itching, which sometimes interferes with the rest and destroys the digestion. And, when the last takes place, a foundation is immediately laid for general debility, and especially for torpitude and enlargement of the mesenteric glands. In many instances the eruption returns at irregular intervals, after having appeared to take its leave; apparently reproduced by cutting additional teeth, or some other irritation. Dr. Starck affirms that, when the disease is about to terminate, the urine acquires the smell of that voided by cats; and that, when there is no tendency to this change of odour, the disease is generally of long continuance.* It is singular that, notwithstanding the extensive disfigurement and sometimes depth of the ulcerations, no permanent scar or deformity is hereby produced.†

The SECOND VARIETY, or SCALDED HEAD, originates generally in the scalp, and consists of pustules somewhat larger, and loaded with a still more viscid material, than the first. The pustules are circular in form, with a flattish and irregular edge. They sometimes commence on the cheeks, but, when the face is affected, the ordinary course is from the scalp towards the cheeks by the line of the ears. They are usually accompanied with a considerable degree of itching, and harass children from six months to four or five years of age. The disease is rarely found in adults. From the quantity of the discharge, the hair is matted together, the scabs become considerably thickened, the ulceration spreads into the integuments, and the indurated patches seem, in some cases, to be fixed upon a quagmire of offensive fluid. The lymphatic system, if not in a state of debility before the appearance of the eruption, soon becomes affected, and exhibits marks of irritation; but whether from general debility, or the absorption of irritating matter, it is difficult to say. The glands on the side of the neck enlarge and harden, exhibiting at first a chain of small tumours lying loose under the skin; after which, some of them inflame, the integu-

* With regard to this statement, Rayer observes, that he finds it liable to numerous exceptions. Tom. i. p. 533. — ED.

† Porrigo crustacea, described by Rayer under the name of teigne muqueuse, is set down by him as not contagious. He believes its real frequency to be greater than the register of the Bureau Central des Hôpitaux makes out, where it stands in comparison with porrigo favosa as 71 to 908. (See Rayer, Traité des Mal. de la Peau, tom. i. p. 532.) In the treatment he almost invariably abstains from the application of zinc and saturnine ointments. Mercurial purgatives he considers dangerous. In infants at the breast, he finds tepid, emollient, mucilaginous lotions sufficient to produce a gradual cure. In older children, when the inflammation causes restlessness, he applies from two to six leeches under the ears or jaw. If no amendment take place, he next puts a small blister on the arm, and keeps it open. When the disease is on the scalp, after cutting off the hair, he applies an emollient poultice, bathes the head two or three times a day with a decoction of linseed, and, if the child is strong, puts leeches on its temples, or the nape of the neck. In a few days a blister is applied to the arm, and kept open. In very old chronic cases, if the foregoing means are insufficient, he employs sulphureous lotions, or friction with the ung. hydrarg. nitratis. Depletion he only deems necessary in a very few cases, where the hair-follicles themselves are inflamed. Tom. i. p. 532. — ED.

ments become discoloured, and a slow and painful suppuration ensues. The ears unite in the inflammation, and from behind them, or even from their interior, a considerable quantity of the same viscous and fetid fluid is poured forth. In some cases, the sub-maxillary and parotid glands catenate in the inflammatory action. The fluid is peculiarly acrimonious, and consequently whatever part of the body it accidentally touches, becomes affected by it. Hence, the arms and breasts of nurses evince frequently the same complaint, and other domestics receive the disease by contagion. Its duration is uncertain, but it is more manageable than the preceding species; and, if not maintained by the irritation of teething or any other excitement, it may be conquered in a few weeks.

The HONEYCOMB SCALL, or THIRD VARIETY, differs very little from the preceding, except in the seat of the patches, and in an increased size and thickness of the scab, which is often cellular or honeycombed. And as pustules of this form have been called favi, from their resemblance to honeycombs, this variety of the disease from the time of Ali Abbas to the present has been distinguished by the name of *tinea favosa*, *scabies favosa*, or *porrigo favosa*. By Dr. Bateman it is united with the preceding variety. The colour of the scab is yellowish or greenish, and semi-transparent, its surface highly irregular and indented, and its consistency softish. The pustules are found on the face, trunk, and extremities. The irritation they produce excites the little sufferer to be perpetually picking and scratching them about the edges, by which means the skin is kept sore and the ulceration extended. This is particularly the case about the heels and roots of the toes, the extremities of which last are sometimes ulcerated, while the pustules even creep under the nails. The odour from this and the preceding variety is not only most rank and offensive to the smell, but occasionally inflames the eyes of nurses and others, who are officially surrounded by its vapour.*

The LUPINE VARIETY† is peculiarly characterised by the dryness of its scabs, which are formed upon small clusters of minute pustules, the finer part of whose fluid is rapidly absorbed, so that the part remaining concretes‡, and shows in the central indentations

GEN. VI.
SPEC. II.
β E. *Porrigo galeata*.

Fluid peculiarly acrimonious.

Duration uncertain.

γ E. *Porrigo favosa*.

Nearly related to the preceding.

Tinea favosa.
Scabies favosa of authors.

Odour so rank and offensive as often to inflame the eyes of nurses.

δ E. *Porrigo lupinosa*.

* The disease is contagious, and readily propagated amongst children who employ the same comb or hair-brush. This is particularly the case when any trivial excoriations of the scalp are present: uncleanness is also known to give a predisposition to the disease. According to Rayer, no other variety of *porrigo* is characterised by small pustules, scarcely rising above the level of the skin, and not bursting; no other terminates in dry, slightly-depressed, or excavated scabs, and leaves red lenticular impressions on the skin, after these scabs have separated from it. Op. cit., tom. i. p. 503. — ED.

† La teigne granulée of Rayer, who describes it as characterised by small pustules, less deeply implanted than those of *porrigo favosa*, irregularly scattered over the scalp, and drying into gray or brown scabs, not excavated like a little cup, and sometimes quite loose amongst the hairs. Op. cit., tom. i. p. 523. — ED.

‡ Into numerous hard granules, containing, as is alleged, a considerable portion of lime. (See *Lancet* for 1831–32, No. cccclxv. p. 513.) “Lorsqu’elles ne sort pas abreuvées par le pus, elles ont une consistance très dure et comme pierreuse, que les cataplasmes ramollissent difficilement.” (Rayer, tom. ii. p. 523.) *Porrigo lupinosa* is rarely met with in adults, and is remarked by Rayer to be much more frequent in the hospitals of Paris than the *porrigo favosa*, from which it differs by the humidity of the pustules from their first appearance; by the ragged

GEN. VI.

SPEC. II.

δ E. Porrigo
lupinosa.

ε E. Porrigo
furfuracea.
Makes an
approach to
dandriff, and
has been mis-
taken for it.

How distin-
guishable.

Description.

ζ E. Porrigo
circinata.

History.

of its surface a white scaly powder. The size of the scab is that of a sixpence: it is found in the head, and elsewhere; but, when in other parts than the head, it is often much smaller in diameter, and sometimes does not exceed two lines. It is liable to increase if neglected, and is usually tedious and of long duration. *

The FURFURACEOUS or BRANNY SCALL makes a still nearer approach to the tribe of lepidosis, and is often mistaken for a ptyriasis, or lepriasis, particularly where it appears in the scalp, which is its most common seat. It commences, however, if its course be watched, with an eruption of minute pustules, which nevertheless possess a very small quantity of fluid, so that the whole is soon absorbed, and the excoriation or ulceration is but slight. It is apt to be renewed, is attended with a considerable degree of itching, and some soreness of the scalp; the hair partially falls off, becomes thin, less strong in its texture, and somewhat lighter in its colour; none of which symptoms occur in any species of the true scaly eruption. The glands of the neck moreover are occasionally swelled and painful.

The RINGWORM SCALL † has been known and described, under different names, from the Greek writers to our own day. It consists of clusters of very minute pustules, forming circular plots of a brown, or reddish hue. There is sometimes only a single plot, and the pustules are so small as to elude all notice, unless very closely examined, though a papular roughness is obvious. ‡ The

and irregular form of its scabs; and by its not being contagious. (See Rayer, tom. i. p. 525.) Recent cases are treated by this author on the antiphlogistic plan, followed by blisters on the arms; while, for those of longer duration, he prefers the depilatory ointments and powders of MM. Mahon, adverted to in a subsequent note, p. 493. — ED.

* The itching, which is extremely acute, is often much increased by the presence of numerous lice. Porrigo lupinosa is sometimes complicated with sympathetic inflammation of the lymphatic glands of the neck, and also with symptoms of inflammation in the chest or abdomen. It only affects the bulbs of the hair, and occasions baldness when it is of very long duration. We never find more than a few of the pustules perfect; most of them are dry; the scabs are but slightly adherent to the skin; and the corpus reticulare is red and inflamed. See Rayer, tom. i. p. 524. — ED.

† The tinea annularis, or teigne annulaire of Rayer, defined by him as a chronic and contagious inflammation, characterised by circular clusters of small pustules, which ordinarily form on the hairy scalp. They dry in the form of thin scabs, but little adherent. Op. cit., tom. i. p. 518. — ED.

‡ It commences with circular, red, inflamed spots, on which arise small pustules of a yellowish white colour, and the centre of each of which is usually perforated by a hair. By degrees this circle enlarges, and becomes from half an inch to an inch and a half in diameter. The fluid of the pustules dries into thin, hard, slightly-adherent scabs, under which the skin is red and inflamed. In the course of two or three weeks, not only do the first clusters extend themselves, but additional ones are produced, either spontaneously or from the successive inoculations caused by the fluid of the pustules, with which the children's fingers become impregnated, when they scratch the scalp. If porrigo circinata be left to itself, the patches, after becoming very numerous, may be blended together at their edges, and form more or less irregular surfaces. However, the circular disposition of the original patches is still denoted by the segments of circles, perceptible at the circumference of the disease. In the vicinity of the patches, the skin becomes red and scaly. The inflammation is very often propagated to the hair-follicles, a circumstance which, Rayer conceives, led Underwood and others to ascribe the primitive seat of the disease to the bulbs of the

exudation is small, yet, if neglected, it concretes into thin scabs, sometimes irregularly tipped with green, while the plots expand and become confluent. The hair is injured from the first attack; appearing thinner and lighter in colour, and breaking off short: in progress of time, the roots are affected and the plots are quite bald, and, as they spread into each other, the baldness extends over the whole head, and nothing remains but a narrow border of hair, forming the outline of the scalp. It is chiefly confined to children, and since the multiplication of large boarding-schools and manufactories, in which last they are employed with too little attention to their health, it has been strikingly common in our own country: and, from its contagious property, has been propagated with great rapidity. * It sometimes spreads from the head over the forehead and neck.

Porri^o, therefore, is a disease which appears under different modifications of ulceration, from sores of some depth emitting a thick fetid pus, and covered with a broad scaly scab, to eruptions so minute as to require the aid of a glass, being covered with fine furfuraceous exfoliations, and discharging a thin purulent ichor, manifested rather by its effects than its presence.

The predisposing cause is in every instance irritability of the cutaneous exhalents; and, as we find this irritability much greater in infancy than in mature life, the different varieties of porri^o are chiefly confined to this season. The exciting causes are filth, or want of cleanliness, bad nursing, innutritious diet, want of pure air, and whatever else has a tendency to weaken the system generally, and irritate the skin locally. And we may hence see why some of the varieties are found occasionally as sequels of lues, or in those who have debilitated their constitutions by high living, and especially by an immoderate use of spirits.

It is hence obvious, that many, perhaps all these varieties may, in some instances, be connected with the general state of the system; and, in such cases, the restorative diet-drinks and alterative tonics enumerated under the genus ecphlysis will often be equally advantageous here. Sulphur and the vegetable alkalies have also been found serviceable, but especially small doses of calomel, or the black or red oxide of mercury. And, if there be much general irritation, it will be advisable to unite these with the conium or hyoscyamus. The pansy or heart's ease (*Viola tricolor*) was in high vogue for cutaneous eruptions generally, and particularly for those before us, during the sixteenth and seventeenth centuries. It fell, however, into disrepute, but was revived by Dr. Starck, towards

GEN. VI.
SPEC. II.
ζ E. Porri^o
circinata.

Chiefly confined to children.

Highly contagious.

General remarks on porri^o.

General predisponent cause.

Exciting causes.

Medical treatment.
In all instances may be occasionally connected with the constitution; and hence alterants.

Sedatives, *Viola tricolor*.

hair. The hairs either break or are detached from the skin, and are replaced by others, which, in their turn, sooner or later, fall off, like the former, if the skin continue inflamed, covered with scabs, or a new eruption of pustules should take place. The baldness is permanent only in a few rare examples, where the scalp is deeply ulcerated, or the hair-follicles destroyed. So long as there is redness and a furfuraceous desquamation of the skin, an eruption of fresh pustules is to be apprehended: on the contrary, the cure is not far off when the morbid redness disappears, and the hairs, growing again on the denuded parts, have the same colour and strength as those out of the limits of the disease. See Rayer, op. cit., tom. i. p. 518. — ED.

* Rayer sets it down as highly contagious, and quotes Willan in support of this statement, who knew the disease in a school spread from one boy to fifty others in the course of a month. Op. cit., tom. i. p. 519. — ED.

GEN. VI.
SPEC. II.
Ecpyesis
porrigo.
Treatment.

Tussilago
farfara.

External appli-
cations.

The species
will generally
bear stimulants
and improve
under them,
but not always.

The most
irritable the
honeycomb
variety, and the
furfuraceous.

Treatment of
both these.

Cocculus
indicus.

Frank's
process.

the close of the eighteenth century.* He directs, that a handful of the fresh, or half a drachm of the dried leaves, be boiled in half a pint of milk, to be strained for use, and form a single dose, which is to be repeated morning and evening. He asserts, that, during the first eight days, the eruption usually increases considerably, and that the patient's urine acquires the cat-like smell we have already alluded to: but that, when the medicine has been taken a fortnight, the scab or scurf begins to fall off in large scales, leaving the skin clear. The remedy is to be persisted in till the skin has resumed its natural appearance, and the urine its natural odour. Dr. Starck also recommends, as an internal remedy, which we should little have expected, a decoction of the leaves of the *Tussilago farfara*, or coltsfoot, which I should scarcely have noticed were it not that this medicine is equally well spoken of by Professor Frank †, and was also esteemed useful by Dr. Cullen, as we had formerly occasion to observe, in sores dependent upon a scrofulous habit, many of which, he tells us, he has seen healed under its employment both in extract and decoction. ‡ As to the *Viola tricolor*, Baldinger, who seems also to have tried it, and upon a pretty large scale, asserts that it is of inferior value to sulphur §, and Selle, that if given in small doses it is useless, and, if in larger, that it does more harm than good. ||

There is some difficulty in determining upon the external applications. Generally speaking, the skin under all the modifications of this species will bear astringent and even stimulant remedies well, and yield without obstinacy to their use: but, in a few instances, we meet with the contrary, the slightest irritants aggravating the pustules, and extending their range. The most irritable varieties are the honeycomb, where it occurs at the extremities of the joints, as about the toes and heel, and behind the ears, and the furfuraceous. The last, however, will usually bear a lotion of mild soap and water, and afterwards equal parts of starch and calamine reduced to a very fine powder, and dusted over the patches. The honeycombed scall often requires, at first, sedative fomentations and cataplasms, but will afterwards allow an application of the zinc ointment, or even that of the nitric oxide of mercury diluted with an equal part of calamine cerate. Dr. Willan was attached to the *Cocculus indicus* in cases of this sort, which he prescribed in the proportion of two drachms of the powdered berry to an ounce of lard, but the ointment of galls generally succeeds better. In common, however, we may employ a bolder practice, and use rather active alkaline or acid lotions, or solutions of zinc, or warm resinous ointments of tar, pitch, or gum elemi. A dilute solution of nitrate of silver; or equal parts of water and aromatic vinegar, will often be found equally beneficial; or the less elegant process of Dr. Frank, which is however formed upon the same principle. “*Patentia nunc ulcera cum urinâ recenti ac sanâ quotidie lavantur, ac mox unguento*

* De Crustâ Lactêâ Infantûm. Francf. 1779. See also Comment. Lips. vol. xxvii. p. 170. Marcard, Beschreibung von Pymont. Mezger, Vermischte Schriften, b. ii.

† De Cur. Hom. Morb. Epit., tom. iv. p. 204.

‡ Mat. Med., part II. chap. XVIII.

§ Neues Magazin für practische Aerzte, ix. p. 117.

|| Medicina Clinica, i. 185.

populeo, vel unguento albo, aut rubro, aut demum citrino mercuriali, obiecta, tali methodo simplicissima ad sanationem perduntur.”* All that is wanting is the excitement of a new and healthier action, which the cutaneous vessels for the most part receive with but little trouble ; and this, with a punctilious attention to cleanliness, is in most cases sufficient to ensure a cure.

With the sulphur ointment, or, which is better, sulphur and cream, I have often succeeded in curing very virulent attacks of the *porrigo favosa*, that have covered the whole of the face, and matted the beard into a most disgusting spectacle.†

In the external treatment of *porrigo galeata*, or scalled head, one of the most effectual applications is a modification of Banyer’s unguentum ad scabiem, for in its original form it is both too irritant and too astringent, as well as very unscientifically compounded. I was first induced to try this preparation from the recommendation of my excellent and learned friend Dr. Parr ; it has since been recommended by Professor Hamilton, and more lately by Dr. Bateman. Each has altered its composition in a slight degree, and the

GEN. VI.
SPEC. II.
Ecpyesis
porrigo.
Treatment.

Sulphur and
cream.

Treatment of
porrigo galeata
or scalled
head.

Banyer’s
unguent.

* De Cur. Hom. Morb. Epit., tom. iv. p. 201. Mannh. 8vo. 1792.

† Two principal objects have generally been kept in view in the treatment of *porrigo favosa* ; in some methods, the cure of the pustular inflammation of the skin, either rationally or empirically, is the main thing aimed at ; in others, the evulsion of the hairs constitutes the chief measure. Amongst the former plans, what Rayer terms the antiphlogistic and derivative, appears to him the best. The abstraction of blood is seldom necessary. Decoction of linseed, and emollient cataplasms, applied to the shaven scalp, loosen the scabs, and diminish the inflammation ; but, in order to bring about a cure, Rayer assists these means with two blisters on the arms, from which a discharge is to be maintained for two or three months. (Op. cit., tom. i. p. 504.) But from the moment that the inflammation has extended to the bulbs of the hair, Rayer sets down every treatment that does not aim at producing either the evulsion, or the falling off of the hair, as ineffectual. For this purpose he prefers the depilatory treatment adopted by MM. Mahon, who pay particular attention to the following objects : — 1. To that of cleansing the scalp, and keeping it as much so as possible. 2. To that of separating, without pain, the hairs, whose bulbs are inflamed. They begin with cutting the hair so as to leave it only two inches in length. They then loosen and remove the scabs with hog’s lard, or a linseed poultice ; and afterwards wash the head with soap and water. This plan is continued for four or five days, at the expiration of which the second part of the treatment begins, and a depilatory pomatum is applied to all the affected points of the scalp every other day. This practice is persisted in for a month, six weeks, or two months. On the days when the pomatum is not used, a fine comb is passed through the hairs, by which means they are detached without pain. At the end of a fortnight, a depilatory powder is sprinkled among the hairs once a week. The next day the fine comb is used, and the depilatory pomatum employed again. In a month or six weeks the first depilatory pomatum is discontinued, and another substituted for it during a fortnight or month ; after which, the inunctions are made only twice a week, till the redness is completely removed. The comb, which is to be used on the days when the pomatum is not applied, is to be smeared with lard or oil, and only lightly pressed upon. MM. Mahon’s depilatory powder and pomatum seem to owe their activity to their containing lime, with a small quantity of subcarbonate of potash, and charcoal. (See Rayer, tom. i. p. 508.) This depilatory treatment, which was deemed unnecessary by Willan and Bateman, is considered indispensable by Rayer ; yet at the Bloomsbury Dispensary we cure all cases without it. The hair is kept short, the head gently washed or fomented every day, and as soon as the inflammation has abated, and the scabs have been removed with a little lard, an ointment is applied, consisting of about 3½ grs. of oxymuriate of mercury, ʒj of white precipitate, and ʒj of lard. A few grains of subcarbonate of soda and rhubarb, with or without a small proportion of hydrargyrum cum creta, according to circumstances, are likewise given once or twice a day. — ED.

GEN. VI.

SPEC. II.

Ecpyesis
porrigo.

Treatment.

Modified by
the author.Crusts to be
removed.Treatment of
ringworm
porrigo: the
alopecia por-
riginosa of
Sauvages.Disease seated
under the
cuticle.Secretion
peculiarly aci-
monious, and
excites sensi-
bility in the
part.This sensibility
to be first re-
moved, and
afterwards
depilatories.Mercurial pre-
parations:
other metallic
depilatories.

following form, which is more simple than any of the rest, is that which I have been in the habit of employing with great success for many years. To a powder consisting of two drachms of calomel and an ounce of exsiccated alum and of cerusse, add six drachms of Venice turpentine and an ounce and a half of spermaceti cerate. The hair is first to be cut off as close as may be, for shaving is often impossible; the scalp is then to be slowly and carefully washed with soap and water, and, when there is very little irritation, with soft soap, as being more stimulant, in preference to hard; the washing to be repeated night and morning, and the scalp to be well dried afterwards. The ointment is to be applied after the washing every night, and is to be well rubbed all over the head. It may be washed off in the morning; and, when the scalp is made dry, instead of applying it through the day, the head may be thoroughly powdered with nicely levigated starch, contained in a fine linen or cambric bag. The scabs and incrustations will hereby become desiccated, and often brittle, for the ointment alone will diminish, and at length utterly suppress, the morbid secretion. And in this state, they should be gently picked or combed off, one after another, as they grow loose and become detached at the edges.

In the last variety, the ringworm porrigo, or *alopecia porriginosa* of Sauvages, though the appearance is far less disgusting, and unaccompanied with smell of any kind, the bulbs of the hair seem more affected than in any of the preceding. And hence this, which is one of the most common modifications of the disease, and, as we have already observed, has been peculiarly frequent of late years, has been found one of the most obstinate. It has ordinarily made its appearance among children at school, but is not confined either to schools or to childhood; for I had not long since a medical friend under my care, troubled with the same complaint, whose age is about forty.

The disease appears to be seated under the cuticle in the mouths of the secernents of the rete mucosum, which secrete a material of a different colour from what is natural and healthy, and hence give a brown or reddish hue to the entire patch. This material affords no nutriment to the bulbs of the hair, and seems sometimes to be acrimonious; whence the hair, like the rete mucosum itself, changes its colour; and, with the change of colour, becomes thinner and weaker, and breaks off short at the base of the cuticle, sometimes at the roots below.

The acrimony of the secretion occasionally produces a morbid sensibility in the minute vessels of the part affected, so that the patient can hardly bear the patch to be pressed upon, or the comb to pass over it; yet this is not a common effect, for irritants may usually be employed from the first.

When this morbid sensibility exists, we must endeavour to shorten its stage; for it will at length pass off naturally by tepid and sedative fomentations, as of poppy-heads, or digitalis: and afterwards have recourse to depilatories, without which we can do nothing, for we cannot otherwise penetrate to sufficient depth; and hence, the more active they are, the more radical will be their effects. Different preparations of mercury have for this purpose been chiefly employed, and mostly a solution of sublimate. The other metallic acids have been tartar emetic, sulphate of zinc,

sulphate of iron, ærugo or the green oxide of copper, and even arsenic: while practitioners of a more timid character have confined themselves to the pitch-plaster, balsam of sulphur, or decoctions of tobacco, hemlock, or the *Viola tricolor*.

In slight cases, most of these applications will be found sufficient; but, in severe and obstinate cases, none of them. And hence, in every case, I have for many years confined myself to a solution of the nitrate of silver in the proportion of from six to ten grains to an ounce of distilled water, according to the age of the patient, or the irritability of his cuticle; and with this application I have never failed. It destroys the hair to its roots, gives tone to the morbid vessels, and changes their action. It often excites a slight vesication or soreness on the surface, and it is in most instances necessary to push it to this point. And when this stimulant astringent has answered its purpose, the decalvate plots should for some weeks afterwards be daily washed with the acetated solution of ammonia, or aromatic vinegar.

When porrigo is of long standing, and has become chronic, the irritation must be lessened gradually, and a steady use of alterants is absolutely necessary, especially in the varieties accompanied with a considerable discharge; for many writers of authority, as Pelargus*, Sennert†, Stoll‡, and Morgagni§, have given examples of epilepsy, apoplexy, and even death itself, from a sudden retrocession of the eruption. In the Berlin Medical Transactions, there is a case or two of amaurosis produced by a metastasis of this disease.|| One of the best medicines for the present purpose is the arsenical solution. The cure is generally protracted by a strumous diathesis.¶

GEN. VI.

SPEC. II.

Ecpyesis

porrigo.

Treatment.

Most of these will answer in slight cases; but in severer cases nitrate of silver.

When porrigo has become chronic, the irritation must be diminished gradually.

SPECIES III.

ECPYESIS ECTHYMA.

PAPULOUS SCALL.

PUSTULES LARGE; DISTINCT; DISTANT; SPARINGLY SCATTERED; SEATED ON A HARD, ELEVATED, RED BASE; TERMINATING IN THICK, HARD, GREENISH, OR DARK-COLOURED SCABS.* *

ECTHYMA, from ἐκθύειν, “to rage, or break forth with fury,” was used by the Greek writers synonymously with exormia, in the

GEN. VI.

SPEC. III.

Origin of the specific term:

* Medicinische Jahrgänge, i. P. 1. p. 50.

† Paral. ad L. V. Med. Pract., 4. 2.

‡ Prælect., p. 48.

§ De Sed. et Caus. Morb. Ep. LV. art. 3.

|| Dec. I. vol. vii. p. 7. II. vol. vi. p. 28.

¶ My friend, Mr. Macilwain considers porrigo to be a constitutional disease, though, as explained in the text, some forms of it are contagious and accidentally transmitted from one child to another by the use of the same comb, &c. Mr. Macilwain's doctrine naturally leads him to place greater reliance on internal than external remedies; and he deems a farinaceous diet better in these cases, than one of animal food. He allows, however, milk, the yolk of eggs, “which, with rusks, bread in various forms, sago, arrow-root, tapioca, and plain puddings, constitute the diet.” See Clinical Obs. on the Constitutional Origin of the Various Forms of Porrigo, p. 43. 8vo. Lond. 1833. — Ed.

** Ecthyma, an inflammation of the skin, not contagious, characterised by large

GEN. VI.
SPEC. III.
Ecpyesis
ecthyma.
how related to
exormia.

sense of papula: to which effect Galen “apertum est ab ἐκθύειν, quod-est ἐξορμᾶν, id est erumpere, derivatum esse ἐκθύμασι, id est PAPULIS, nomen in iis quæ sponte *extuberant* in cute.”* I have observed, however, under EXORMIA †, forming Genus III. of the present Order, that ecthyma has of late years been limited by the nosologists, and especially by Willan, Young, and Bateman, to the species before us, probably on account of its more papulated form, and there seems no reason for deviating from their arrangement.

The following are its chief varieties:—

- | | |
|---|--|
| α Vulgare.
Common papulous scall. | Base bright red; eruption completed with a single crop. Duration about fourteen days. |
| β Infantile.
Infantile papulous scall. | Base bright-red; eruption recurrent in several successive crops, each more extensive than the preceding. Found chiefly in weakly infants during the period of lactation. Duration two or three months. |
| γ Luridum.
Lurid papulous scall. | Base dark-red; elevated; pustules larger and more freely scattered, discharging a bloody or curdly sanies. Found chiefly in advanced age. Duration several weeks, sometimes months. |

Melasma.
General re-
marks and
mode of
treatment.
Uncontagious.

This last is the melasma of Linnæus, Vogel, and Plenck. They are all diseases of debility, local or general; and hence, whether they occur in infancy, adult life, or age, are to be cured by general tonics, pure air, and exercise, tepid bathing, and preparations gently stimulating applied externally in the form of lotions, ointments, or powders. None of them are contagious, and in this, as well as in their approaching more nearly to a papulous or broad pimply character, especially that of the small-pox, they differ essentially from the preceding. Nutritious food alone, with pure air, and regular exercise, is often sufficient for a cure.‡

pustules, raised on a hard, circular, bright red base. They are always discrete, usually make their appearance in succession in several regions of the body, and become covered with brown, thick, adherent scabs, under which a new cuticle or a cicatrix forms, and more rarely the pustules terminate in ulceration, or tubercular induration. (Rayer, tom. i. p. 430.) It attacks all ages and all constitutions, but is most frequent in adults. It may originate from some previous or still existing inflammation of the skin. It often follows variola, confluent scabies, and more rarely measles, scarlatina, leech bites, &c. It may be connected with gastro-intestinal inflammation, and sometimes with disease of the lungs. In women ecthyma is most common during pregnancy. See Rayer, tom. i. p. 435. — ED.

* In Hippocr., lib. III. sect. 51.

† Suprà, p. 421.

‡ If acute ecthyma consist of merely a few scattered pustules, without any complication, Rayer prescribes diluent beverages, bathing the parts in cold water, or bran and water, and enjoining a quiet regular mode of living. When the eruption is more extensive, and the patient young and strong, one bleeding is advised, with cold or temperate bathing, repeated according to the degree of inflammation in the skin. In chronic ecthyma, Rayer considers the indications to be the same; but, as in this case, the health has often suffered from inattention to cleanliness, and from unwholesome food, bleeding can only be practised with great caution, and a good nutritious diet is a chief object. Here, also, instead of common bathing, a bath of mineral or sea-water is sometimes to be preferred. When chronic ecthyma

But, as this species is manifestly dependent upon a debilitated or cachectic state of the constitution, it is often connected with those other symptoms which appertain to such a condition, as a tumid belly, diarrhœa, and general emaciation in infants; and dyspepsy and scirrhus parabysmata, or enlargements of the abdominal viscera, in adults. Dr. Bateman has given a very excellent coloured print of what he calls a cachectic, or fourth variety, in his *Delineations*, in which the scabby pustules are thickly scattered over the limbs, mimicking very closely in size and number an ordinary appearance of discrete small-pox at the time of its scabbing. It is, however, distinctly a symptomatic affection, or rather a sequel of some long or chronic disease of an exhausting nature, and always disappears in the train of its cure.*

GEN. VI.
SPEC. III.
Ecpyesis
ecthyma.

Sometimes
connected with
the constitution,
and requiring
general tonics.

Cachectic
variety of
Bateman.

takes place in an infant at the breast, the quality of the nurse's milk is to be considered, a change of whom is often indispensable. Rayer only sanctions prescribing laxatives and bitters in a few rare cases, where no symptom of gastric or intestinal inflammation prevails; and he thinks that Bateman has recommended too generally chalybeates, quinine, serpentaria, sarsaparilla, and antimonials. *Op. cit.*, tom. i. p. 438. — ED.

* The varieties of ecthyma laid down by Willan and Bateman appear to Rayer, in a certain degree, well founded, inasmuch as some particularities belong to them; but he does not adopt them himself, because he considers their basis not determinate enough, and he prefers the divisions into *acute ecthyma* and *chronic ecthyma*. The latter, which is the most common, always consists of several successive eruptions, situated on the neck, the scalp, the limbs, and even the face, and taking place at intervals of various lengths. Sometimes the pustules become very large, with a hard purple circumference (*ecthyma luridum* of Willan). When the successive eruptions occur in weakly, ill-fed children, they constitute the *ecthyma infantile* of Willan; and when in old subjects, whose constitutions are impaired by hard labour and the abuse of spirituous liquors, this form of chronic *ecthyma* corresponds to Bateman's *ecthyma cachecticum*. Whether *ecthyma* be acute or chronic, or consist of one or of several successive eruptions, its broad pustules always retain striking external characters. They cannot be mistaken for the small pustules of impetigo, acné, mentagra, and porrigo. They are not navel-shaped, like those of small-pox; nor multilocular, like those of cow-pox; nor are they, like the pustules of these two diseases, contagious. As for syphilitic pustules, a mistake can only arise when *ecthyma* takes place slowly and successively; and it is to be remembered, that such pustules are rarely encircled by so broad an areola as those of *ecthyma*. They have also a greater tendency to ulcerate, and in shape bear a stronger resemblance to little boils. Besides, the difference in the diagnosis of *ecthymatous* and syphilitic pustules frequently has light thrown upon it by our acquaintance with the previous disorders which the patient has had, by the existence of other syphilitic complaints, and the beneficial effect of mercury. The itch has no similarity to *ecthyma*, except when complicated with pustules, or the vesicles characterising it are accidentally transformed into pustules. In *ecthyma* the pustules are seldom numerous; their appearance is successive; the course of each is independent of that of the others; some being on the decline, while others are just beginning. On the contrary, in itch the accidental pustules form at all the most inflamed points, and are constantly blended with the small vesicles, which characterise this disease. The pustules are more crowded together than those of *ecthyma*, and frequently situated on the back of the hand, between the fingers, and especially between the thumb and fore-finger. They are accompanied by pruritus, while the pustules of *ecthyma* occasion a lancinating pain, like that of a boil. The itch is vesicular and contagious; *ecthyma* is pustular, and cannot be propagated either by mediate or immediate contact. *Ecthyma* differs from a boil in the extension of the inflammation from within, outwards; and even when it does reach the cellular tissue, no central slough is produced, as always takes place in furuncular inflammation. See Rayer, *Traité des Mal. de la Peau*, tom. i. pp. 435–437. — ED.

SPECIES IV.

ECPYESIS SCABIES.

ITCH.

ERUPTION OF MINUTE PIMPLES, PUSTULAR, VESICULAR, PAPULAR, INTERMIXED OR ALTERNATING; INTOLERABLE ITCHING; TERMINATING IN SCABS; FOUND CHIEFLY BETWEEN THE FINGERS OR IN THE FLEXURES OF THE JOINTS; CONTAGIOUS.*

GEN. VI.
SPEC. IV.

THIS disease is peculiarly complex; but the specific characters now given embrace the modifications, which constitute its chief varieties, and which are as follow:—

α Papularis.
Rank itch.

Eruption of miliary, aggregate pimples; with a papular, slightly-inflamed base, and vesicular apex; pustules scantily interspersed; tips, when abraded by scratching, covered with a minute, globular, brown scab.

β Vesicularis.
Watery itch.

Eruption of larger and more perfect vesicles, filled with a transparent fluid, with an uninflamed base; intermixed with pustules; at times coalescing and forming scabby blotches.

γ Purulenta.
Pocky itch.

Eruption of distinct, prominent, yellow pustules, with a slightly-inflamed base; occasionally coalescing, and forming irregular blotches, with a hard, dry, tenacious scab.

δ Complicata.
Complicated itch.

Eruption complicated of pustular, vesicular, and papular pimples, co-existing; spreading widely over the body; occasionally invading the face; sometimes confluent and blotchy.

* This definition does not at all correspond to that offered by Rayer, according to whom itch is an apyretic contagious inflammation, characterised by vesicles slightly raised above the level of the skin, constantly attended with pruritus, transparent at their apex, filled with a viscous and serous fluid, and capable of forming on all parts of the body, but particularly in the flexures of the joints, and in the interspaces of the fingers. (Op. cit., tom. i. p. 254.) Our author, in his definition and subsequent history of the disease, plainly includes various other inflammations with which scabies may be complicated. — ED.

ε Exotica.
Mangy itch.

Eruption chiefly of rank, numerous pustules, with a hard inflamed base, rendering the skin rough and brownish; itching extreme; abrasion unlimited from excessive scratching. Produced by handling mangy animals.

GEN. VI.
SPEC. IV.
Ecpyesis
scabies.

That all these affections are not distinct species of a common genus, but mere varieties of a single species, is manifest from the fact, that in different individuals, or under different conditions of the skin, every variety, even the mangy itch itself, will produce every other variety, while all of them in some instances co-exist, and are destroyed by the same means.* The above English names for the first three are those in common or vulgar use, and it would be difficult to find names more appropriate. The pocky itch is so denominated from the resemblance of the pustules to minute small-pox, and not from any supposed connection with syphilis. It gives the largest pimples of all the modifications, as well as the most purulent, but it has never the hard base of either the small-pox, or the ecthyma, or papulous scall we have just noticed, nor has it the hard raised border or round imbedded scab of the last, and hence is easily distinguished from both. The two former varieties are far more readily confounded with some varieties of prurigo and of lichen, and especially in consequence of the black dots on the tips of the papulæ, and the long red lines common to all as produced by scratching. But they are distinguished by the greater simplicity of the itching sensation, which, however intolerable, is not combined with tingling or formication; and by their being highly contagious, which the others are not. Yet, from their general resemblance, all these have, by many writers, been confounded, and by others, who were fully sensible of their distinction, been incorrectly described under scabies or psora as a common name.

As a *primary* disease, itch is, in every instance, the result of per-

All the varieties sometimes run into each other.

The above English names have been long in vulgar use, and sufficiently appropriate.

Pocky itch named from the resemblance of its pustules to small-pox, and not from any supposed connection with lues.

The first and second varieties approach some varieties of porrigo and lichen.

How distinguishable.

Itch primarily from personal uncleanliness,

* Even the varieties spoken of by Dr. Good would probably be referred by Rayer to other affections, with which the itch may be complicated. According to the latter writer, however, other *vesicular* inflammations seldom take place together with the itch, and when this becomes complicated with eczema, it is almost always in consequence of the use of stimulating lotions or frictions. Yet he has observed vesicles, like those of eczema, and true bullæ, like those of a blistered surface, on the dorsal and palmar surfaces of the hands, when they were the seat of a great number of psoric vesicles. *Papulous* inflammations are those, with which the itch is almost always complicated. When the vesicles of the itch are multiplied over a great many points, they often excite lichen, the papulæ of which may be scattered about, or formed in clusters. Prurigo also sometimes presents itself in persons afflicted with inveterate itch; a circumstance that has led to the supposition that the itch may degenerate into a papulous disease. When the irritation of the skin is exceedingly acute, the pustules of ecthyma, and even true boils, may be combined with the vesicles of scabies. Lastly, in some rare examples, the inflammation of the skin, arising from the itch, or some of the affections which complicate it, may be so extensive and intense as to produce inflammation of the mucous membrane of the lungs or digestive canal; and, if this latter disorder attain a high degree, the vesicles of the itch shrivel, fade, and disappear. (See Rayer, tom. i. p. 256.) These observations will reconcile some of the differences between Dr. Good's account of the present subject, and the history of it delivered by Rayer. — Ed.

GEN. VI.
SPEC. IV.
Ecpyesis
scabies.

though the
cleanest may
receive it by
contact.

Close inter-
course neces-
sary for conta-
gion to operate.

When chronic,
the irritation
it produces to
be diminished
only by de-
grees.

Under parti-
cular circum-
stances has
assumed a
malignant
♦ character.

By what means
an organ be-
comes a nidus
insects.

Hence these
sometimes
found in or
near itch
pustules.

sonal uncleanness, and an accumulation of sordes upon the skin, though the most cleanly are capable of receiving it by contact; and it always appears most readily where close air, meagre diet, and little exercise are companions of personal filth; for here, as we have already had frequent occasions of observing, the skin is more irritable, and more easily acted upon by any morbid cause. Like many other animal secretions, the fluid hereby generated is contagious; and, on close intercourse, but not otherwise, and chiefly in the warmth of a common bed, or of a bed that has been slept in before by a person affected with the disease, is capable of communication.* Where the cutaneous irritation hereby produced is general to the surface, and has been suffered to remain without check or with little attention, for a long time, a sudden suppression of the irritation by a speedy cure, like the sudden suppression of a long standing ulcer or issue, is often attended with some severe internal affection†; in one instance, indeed, related by Wontner, it was succeeded by mania. And in camps and prisons, where the constitution has been debilitated by confined air and innutritious diet, the eruption has sometimes been known to assume a malignant character; of which Baldinger gives us an example, the whole surface of the body, in the instance to which he refers, having exhibited a sordid tessellation of crusts, excoriations, and broad livid spots, with an indurated base, accompanied with fever at night and severe headach.

Whenever an organ is weakened in its action, it is extremely apt to become a nidus for worms or insects of some kind or other to burrow in. Hence the numerous varieties of helminthia or invermiation in debility of the stomach or other digestive organs; and hence the lodgment, as we have already observed, of the grubs of a minute insect, probably a species of pulex, in one or two of the varieties of prurigo; and hence again, in gangrenous ulcers, and especially in warm climates, the appearance almost every morning of innumerable grubs or maggots. A similar deposit of eggs, apparently of the genus acarus or tick, is sometimes found in itch pustules, or in the immediate vicinity of them. And hence itch has, by Wichmann, Frank, and many other writers of great intelligence, been ascribed solely to this cause‡; while others who have

* M. Mouronval was unable to transmit the disease by inoculation with the serosity of the vesicles, either in the manner of friction, or that of insertion. (*Recherches et Obs. sur la Gale, faites à l'Hôpital St. Louis.* 8vo. Paris, 1821.) As the itch is known to be readily communicable from one person to another by mediate as well as immediate contact, the result of M. Mouronval's experiments is not what one would have anticipated. When the itch has been imparted from one individual to another, a slight pruritus is experienced a few days afterwards in the parts which have been most exposed to the contagion. The pruritus increases at night, from the heat of the bedding, and in the day from the effect of spirituous beverages, acrid food, and every thing that causes a determination of blood to the integuments. Small elevations are soon noticed, scarcely exceeding the level of the skin. In children the eruption takes place in four or five days after infection; in adults, in a week or fortnight; and in old subjects, or persons labouring under chronic diseases, sometimes not till one or several months have elapsed from the period of catching the disorder. In young sanguine individuals, the elevations are of a light red colour; but in valetudinarians they are of the same colour as the skin. See Rayer, tom. i. p. 255. — Ed.

† Rayer's explanation of this part of the subject is given in a foregoing note. — Ed.

‡ Wichmann, *Aetiologie der Krätze.* Hancv. 1786. Rochard, *Journ. de Med.*, tom. xli. p. 26.

sought for the appearance of the grub hereby produced, but in vain, have peremptorily denied the existence of such a fact in any case. * Dr. Frank confides, indeed, so implicitly in the acarus as a cause of itch, as to affirm that, where this insect does not exist, the eruption is nothing more than a spurious itch †; and, as he further affirms that the disease is sometimes epidemic, he endeavours to account for this fact by supposing that the atmosphere, in particular states of constitution, favours the production of the itch acarus, as of earthworms and intestinal worms, far more than in other states. The explanation now given constitutes, however, the actual history, and readily reconciles these conflicting opinions. Such insects are not always to be traced, but they may be seen occasionally: and, whenever they appear, they are not a cause, but a consequence, of the disease.

There are few complaints that have been treated with so many remedies, and none with so many pretended specifics. Sulphur, zinc, acids of all kinds, bay-berries, white hellebore, arsenic, alum, muriate and other preparations of quicksilver, alkali, tobacco, and tar, have all been used externally in the form of lotions or ointments; and sulphur and sulphuric acid have been given internally, and been strongly recommended, both in Germany and in our own country, for their success. Sulphuric acid was first used in the Prussian army in 1756, by Dr. Colthenius, chief physician; after which Professor Schroeder of Gottingen employed it very freely, and asserted that he never failed herewith to cure the itch in fourteen days at furthest. ‡

Dr. Linckius, in the *Nova Acta Naturæ Curiosorum*, gives an account of an epidemic itch which raged very generally around Nuremberg about the middle of the last century, and resisted all the usual means of sulphur, lead, turpentine, arsenic, mercury, human and animal urine, chalybeate waters, lime-water, and drastic purgatives, and only yielded to diuretics urged to such an extent as to irritate the urethra with a considerable degree of pain. The medicine he employed was a subnitrate of potash, obtained by deflagrating common nitre with charcoal. The first hint of this practice he received from a treatise of Mauchart. The urine hereby excreted was very fetid, and threw down a copious sediment. §

* Sager, Baldinger, N. Maga., b. xi. p. 484. Hartmann, Diss. Quæstiones super Wichmanni Ætiologiâ Scabiei. Fr. 1789. Drs. Galeotti and Chiarurgi, of Florence, and MM. Lugol, Biett, and Mouronval, of Paris, have tried in vain, on a vast number of itchy persons, to detect the acarus scabiei, with the aid of powerful magnifying glasses and excellent microscopes. Rayet was not more successful in his investigations; for he could never trace on the skins of persons affected with scabies, any other insect than pediculi, which were met with in examples of great negligence and uncleanness. Neither could he, or other experimenters whom he names, discover any white living globules in the fluid of the vesicles, or the subcutaneous perforations of the insect, spoken of by certain authors. See *Traité des Mal. de la Peau*, tom. ii. p. 413. The *Acarus scabiei* is said, however, to have been at length unequivocally detected by M. Renucci, who lately received from M. Lugol the sum of 300 francs, the reward offered by the latter for such discovery. For additional particulars, see *Lond. Med. Gaz.* Oct. 4. 1834. p. 29.—ED.

† De Cur. Hom. Morb. Epit., tom. iv. pp. 165, 166.

‡ See Dr. Helonich's *Dissertatio de Olei Vitriolis usû*, &c. Hal. 1762.

§ *Therapeia Scabiei epidemicæ per Diuresin*, &c. tom. iv. Yet Rayet says,—
“La gale n'est ni épidémique, ni endémique; ce n'est point par des causes cli-

GEN. VI.

SPEC. IV.

Ecpyesis
scabies.

Doctrine of
Frank.

But not neces-
sarily connect-
ed with the
disease.

Remedial
process.

Pretended
specifics innu-
merable.

Sulphuric acid
internally.

Epidemic itch,

cured only by
highly irritant
diuretics.

GEN. VI.
SPEC. IV.
Ecpyesis
scabies.

All the above
remedies may
have succeeded
at times, as
itch is not diffi-
cult of cure.

Chief principle
to be attended
to.

The simplest
cure by sulphur
alone, or with
bay-berries and
sulphate of
zinc; as in
Jasser's oint-
ment.

Sulphur
fumigation.

Mode of using
it.

It is very possible, that all of these have been successful under peculiar degrees and modifications of the complaint. For the itch is not difficult to cure, and seems only to require an application that will excite a new and more healthy action in the cutaneous vessels. The simplest and most certain cure is to be obtained by the sulphur ointment, of which that of the London College gives as good and as simple a form as any. On the Continent, they usually combine with the sulphur an equal quantity of powdered bay-berries, and of sulphate of zinc, which is mixed up into an ointment with linseed or olive oil. This form was first proposed by Jasser, and under the name of unguentum Jasserianum, has maintained an unrivalled character for the last half century.* The offensive smell of the sulphur, whether in the simple ointment or Jasser's compound preparation, is very much diminished by adding to the materials a few drops of the essence of burgamot, and as much rose-water as the powders will absorb before they are mixed with the animal or vegetable oil.† Perhaps, however, the neatest, as well as the most rapid, mode of cure by sulphur is that of fumigation, as long ago proposed by Professor Frank‡, though lately brought forwards again as a new discovery. It has been successfully and commodiously applied by M. Gales of Paris, and since extensively employed in Germany by the advice of Dr. de Carro of Vienna and Dr. Karsten of Hanover.§ The patient, for this purpose, is enclosed naked in a commodious box, with a neck-opening for his head to rise above it, and a stool to sit upon. The box is numerously perforated at the bottom, and the sulphureous fumes are communicated to the interior of the box, by means of these perforations: the sulphur being placed on a stone hearth below, and volatilised by a fire underneath it. He must remain in this state for half an hour or an hour; and, as he is hereby thrown into a considerable degree of perspiration, it is better for

matérielles et par des conditions locales qu'elle se propage dans certaines contrées, mais par des habitudes de malpropreté. See *Traité Théorique et Pratique des Maladies de la Peau*, tom. i. p. 258. — ED.

* Schmucker, *Vermischte-Chir. Schriften*, b. iii. p. 183. Franck. 1783. 8vo.

† A proportion of the subcarbonate of potash, or muriate of ammonia, is often blended with the brimstone ointment.

R Sulph. (vivi dicti) ʒ iij.
Muriatis ammoniæ ʒ ij.
Adipis ʒ xii.

Tere optime, ut fiat unguentum, quo partes affectæ nocte manequè inungantur.

Another application is a solution of a scruple of sulphuret of lime in a little olive oil, with which the parts affected are smeared every night and morning. The sulphuric acid ointment is occasionally applied, consisting of ʒ ss of the diluted acid to an ounce of lard.

R Potassæ subcarbonatis ʒ iv.
Aq. rosæ f. ʒ j.
Hydrarg. sulphur. rubri ʒ j.
Olei volatilis burgamotæ f. ʒ ss.
Adipis
Sulphuris sublimati, ā ā ʒ ix.

Tere, et misce secundum artem, ut fiat unguentum. See Dr. A. T. Thomson's *Atlas of Delineations of Cutaneous Diseases*, p. 74. — ED.

‡ Ubi suprâ, tom. iv. p. 174.

§ Ueber Kraetze, und derer bequemste, schnell-wirkendeste und sicherste Heilart, &c. Hanov. 1818.

him to be put into a warm bed immediately afterwards, till the perspiration has subsided. Other cutaneous complaints have yielded to the same process. *

These are the safest and most effectual applications, and should be employed whenever practicable. But, under other circumstances, the most elegant mode of treatment is to be obtained by a mercurial lotion made by dissolving a drachm of oxymuriated quicksilver in half a pint of water, and adding two drachms of muriate of ammonia, and half an ounce of nitre. The hands are to be washed with this solution night and morning, and a little of it is to be applied with a clean sponge to the pustules in other parts. †

About eight and forty hours' steady use of this lotion or the sulphur ointment will generally be found sufficient to effect a cure; after which the person should be well cleansed and rinsed with warm water. And it will tend much to expedite and ensure the cure, if the body be in like manner exposed to a warm bath before the curative process is entered upon, as much of the contagious matter and impacted sordes will hereby be removed, and the ointment or lotion will have a chance of taking a greater effect. When the constitution has been influenced, aperient and alterative medicines will also be necessary, and ought not to be neglected.

In India a pleasant and easy cure is said to be effected by wearing linen that has been dipped in juice expressed from the agreeable fruit of the bilimbi-tree (*averrhoa bilimbi* Linn.), which has also the reputation of being an antidote in many other cutaneous disorders: but I cannot speak of its effects from any personal knowledge.

How far scabies may, under any circumstances, cease naturally, I cannot say: we are informed, however, by Bennet, that a case, which had resisted all remedies, was cured by a phthisical expectoration that continued for a month. ‡

* When scabies is complicated, the pruritus violent, the vesicles exceedingly numerous and crowded, and the disorder of long standing, and accompanied by much inflammation of the skin, Rayer deems it best to let the treatment begin with one or two bleedings from the arm, a few baths, and the employment of antiphlogistic beverages. Op. cit., tom. i. p. 260. — Ed.

† The following lotions are sometimes employed: —

R Potassæ sulphureti ʒj ad ʒij.

Aq. distillatæ ʒxiv.

Spir. lavandulæ ʒij.

Misce; ft. lotio partibus affectis continue applicanda.

R Acidi hydro-chlorici ʒiss ad ʒij.

Aq. rosæ lb. j.

Misce; ft. lotio ope spongiæ utenda.

Or, R Liq. chlorureti calcis ʒj.

Aq. distillatæ Oj. Misce. — Ed.

‡ Young, on Consumptive Diseases, p. 171. We have already mentioned, on the authority of Rayer, the occasional dying away of itch, in consequence of severe inflammation of the mucous membrane either of the lungs or bowels. Putting this case out of present consideration, he affirms that the itch never terminates spontaneously, and that, in an individual who neglects to employ proper means of cure, it may annoy him during the whole of his life. Op. cit., tom. i. p. 256. — Ed.

GEN. VI.

SPEC. IV.

Ecpyesis
scabies.

Mercurial
lotion when to
be preferred.

Mode of ap-
plication of the
lotion or
ointment.

Juice of the
bilimbi-tree.

Has ceased
under another
morbid action.

GENUS VII

MALIS.

CUTANEOUS VERMINATION.

THE CUTICLE OR SKIN INFESTED WITH ANIMALCULES.

GEN. VII.

Maliasmus.
Phthiriasis.

Extensive
range of para-
sitic animals on
other animals,

and plants :

formerly called
dodders, a
term lately re-
strained to the
euscusa genus
of plants.

MALIS and Maliasmus (μάλις, μαλιασμός) are Greek nouns importing cutaneous vermination. In the present system the genus is designed to include both the malis and phthiriasis of Sauvages and several other writers, which are very unnecessarily divided. Common as this disease is to man, it is still more so to animals of perhaps every other class and description, from the monkey to the fish-tribes, and from these to the lowest worms. All of them are infested with parasitic and minute living creatures on their skins, shells, or scales, which afford them an asylum, and for the most part supply them with nutriment. Yet the same affection is still more common to plants, which are not only infested with parasitic plants, but with parasitic animals as well. The volume of Nosology contains many curious examples of this kind, which the reader may turn to at his leisure.

These external parasites, whether animal or vegetable, by our old botanical writers, were significantly called *dodders*, from a term which has lately, but improperly, been restrained to a particular tribe or genus of plants, to which Linnéus has given the name of *euscusa*, a parasite found very extensively on the nettles and the wild thyme of our own wastes : but which formerly was applied to external parasitic plants of all kinds ; and hence Dryden in his Fables speaks of doddered *oaks*, and in his Æneid of doddered *laurels* : —

Near the hearth a laurel grew
Dodder'd with age, whose boughs encompass round
The household gods, and shade the holy ground.

Dodders are therefore parasites generally, and as strictly apply to those which constitute the present genus, as to any that infest the vegetable world.

Generally speaking, vermination is a proof of weakness, whether in animals or in plants ; and hence, the weaker the plant, or the animal, the more subject is it to be attacked, and the more readily to be infested.

A few instances may possibly be adduced of plants and animals in perfect health being thus haunted, but they do not oppose the general rule. The remote cause of this disease, however, is most commonly filth.

The animalcules that infest mankind are the following, which will constitute so many species : —

Vermination
generally a
proof of weak-
ness in plants
or animals.

Sometimes
under particu-
lar circum-
stances found
in healthy
plants and
animals.

1. MALIS PEDICULI.
2. ——— PULICIS.
3. ——— ACARI.
4. ——— FILARIÆ.
5. ——— CESTRI.
6. ——— GORDII.

LOUSINESS.
FLEA-BITE.
TICK-BITE.
GUINEA-WORM.
GADFLY-BITE.
HAIR-WORM.

GEN. VII.
Malis.

SPECIES I.

MALIS PEDICULI.

LOUSINESS.

CUTICLE INFESTED WITH LICE, DEPOSITING THEIR NITS OR EGGS
AT THE ROOTS OF THE HAIR: TROUBLESOME ITCHING.

THE insects of this name that trouble our own race are the two
following: —

GEN. VII.
SPEC. I.

α Pediculi humani.
Common louse.

Infestment of the *common louse*,
chiefly inhabiting the head
of uncleanly children, where
it produces a greasy scurf
or other filth; and sometimes
exulceration and porrigo:
occasionally migrates over
the body.

β Pediculi pubis.
Crab louse.

Infestment of the morpio or
crab louse; found chiefly on
the groins, pubes, and eye-
brows of uncleanly men:
itching extreme, without
ulceration.*

THE COMMON PEDICULUS is too well known to render any particular description necessary. Leewenhoeck, who cautiously watched it, by way of experiment, on his own person, affirms that the male is furnished at the extremity of the abdomen with a sting, and that it is this sting which produces the usual irritation, the suction of the proboscis hardly seeming to occasion any irksome sensation on the skin of the hand. The male is readily distinguished from the female by having the tail or tip of the abdomen rounded, which in the female is forked or bifid. The animal is produced from a small oval egg, vulgarly called a nit, which is agglutinated by its smaller end to the hair on which it is deposited. From this egg proceeds the insect complete in all its parts, and differing only from the parent animal in its size. To determine the time of pregnancy and proportion of increase, this indefatigable physiologist took two females and placed them in a black silk stocking, which he wore day and night, that they might have the

α M. pediculi
humani.
Description
and history
from Leewen-
hoeck.

* Three species are commonly mentioned as infesting the human body: —
1. *Pediculus humanus capitis* (De Geer). 2. *Pediculus humanus corporis* (De Geer). 3. *Pediculus pubis* (Linnaeus)

GEN. VII.

SPEC. I.

α *M. pediculi humani.*

Prodigious fecundity.

Pediculi vestimentorum perhaps a different form or species.

Singular exemplification from Swediaur.

β *M. pediculi pubis.*

A frequent cause of local prurigo.

The common louse said to have been useful in epilepsies and scrofula:

but commonly such remarks are only apologies for filth.

full benefit of feeding upon him. He found, that in six days each laid fifty eggs without exhausting its store, and that, in twenty-four days, the young were capable of laying eggs themselves: and, carrying on the calculation, he estimates that the two females conjointly might have produced eighteen thousand in two months.

The largest animals of this kind were discovered by Linnéus in the warm caverns of Fahlum in Sweden. It has been observed, however, by many entomologists, that those which conceal themselves in clothes, or the *pediculi vestimentorum*, are, in some respects, a different animal from the lice of the hair, or *p. capitis*. Dr. Willan remarks, that the latter lay single nits on the hairs of the head, and do not spontaneously quit the scalp or its natural covering. The former are large, flat, and whitish, and seldom appear on the head, but reside on the trunk of the body, on the limbs, and on the clothes. The nits are conglomerate, and usually deposited in the folds of linen, or in other articles of dress.

Swediaur once saw a young woman, thirty years of age, in the Westminster Infirmary, who was covered very generally with minute pustules and tubercles produced by an unlimited assault of these animalcules over the whole body; and supposes that universal phthiriasis was by no means an unfrequent disease among the ancients.*

The *PEDICULUS PUBIS* is distinguished by the cheliform structure of its legs, whence its name of crab louse: its antennæ consist of five articulations. Its excrement stains the linen, and appears like diluted blood. It is a frequent cause of local prurigo; for these animals burrow in the skin, and, being almost unknown among decent persons, may remain a long time unsuspected, since even an examination for the purpose will scarcely detect them. They are chiefly discoverable by their nits, which may be seen attached to the basis of the hairs, the insects themselves appearing only like discolorations of the skin.

All these are bred among the inhabitants of sordid dwellings, jails, and workhouses, or who are habitually uncleanly. Monkeys, the Hottentots, and some tribes of negroes are said to eat them. The cutaneous secretion is sometimes so changed by disease, that it becomes offensive to them, and they quit the person who is labouring under it: various infectious fevers seem to produce this result.

It is affirmed by some writers, that the *pediculus capitis* or *humanus* has been found useful in epilepsies, diseases of the head, and in scrofula, and that the worst consequences have arisen from drying the little ulcerations they produce. In Russia, and other parts of the Continent, where this kind of uncleanness is, perhaps, less attended to than in our own country, all this may have occurred; for we have already had occasion to observe, that any cutaneous irritation, whether from scabies, porrigo, or any other excitement, maintained till it has become habitual, should be suppressed gradually, or we shall endanger a transfer of the morbid action to a part of far more importance. Upon the whole, however, such remarks are only apologies for filth and indolence, as

* Nov. Nosol. Meth. Syst. ii. 233.

we are in no want of much more effectual cutaneous irritants, where such means are called for, than can be obtained from so disgusting a source.

The most fatal poisons to all these vermin are the mercurial oxides, staphisacre, menispermum, rue, opium, angelica, and laurel; saffron, pepper, sedum, lycopodium, pinguicula, tobacco, and the seeds of veratrum. Cleanliness itself, however, is a sufficient antidote, and a sure prophylactic. The *pediculus pubis* is best destroyed by calomel mixed with starch powder, and applied by means of a down puff.*

GEN. VII.
SPEC. I.
β *M. pediculi*
pubis.
Remedial
process.

SPECIES II.

MALIS PULICIS.

FLEA-BITE.

CUTICLE INFESTED WITH FLEAS; OFTEN PENETRATING THE CUTIS WITH THEIR BRISTLY PROBOSCIS, AND EXCITING PUNGENT PAIN; EGGS DEPOSITED ON OR UNDER THE CUTICLE.

THIS species offers us the two following varieties:—

α *Pulex irritans*.
Common flea.

Infestment of the *common flea*, with a proboscis shorter than the body; eggs deposited on the roots of the hair, and on flannel.

β *Pulex penetrans*.
Chiggre.

Infestment of the *chigoe* or *chiggre*, a West Indian flea, with a proboscis as long as the body; often penetrating deeply into the skin, and lodging its eggs under the cuticle, particularly of the feet; producing malignant, occasionally fatal ulcers.

The COMMON FLEA infests not mankind only, but quadrupeds and birds of all kinds. It is probable, that it has many varieties; but these have not been ascertained by entomologists. Contrary to the economy of the pediculus, the flea undergoes all the changes of the metamorphosing tribes of insects, being produced

α *M. pulici*
irritantis.
Extensive
range.
Natural
history.

* A few frictions on the part with common or camphorated mercurial ointment, or bathing it with a lotion of the oxymuriate of mercury, will generally answer, without any occasion to shave the pubes. As for the *pediculi corporis*, they may be easily destroyed by means of the sulphur vapour bath, or frictions with ointments containing sulphur and the alkalies. Rayer mentions as an effectual application, a pomatum composed of three parts of red sulphuret of mercury, one of the hydro-chlorate of ammonia, and thirty-two of lard. The clothes should be fumigated with sulphur or mercury. The ung. nicotianæ, sometimes recommended, has been known to excite convulsions and vomiting. See Rayer, *Traité Théorique et Pratique des Maladies de la Peau*, tom. ii. p. 403. — ED.

GEN. VII.
SPEC. II.
 α *M. pulicis*
irritantis.

β *M. pulicis*
penetrantis.

Its description
and bite.

from an egg, which gives rise to a minute vermicle or larve, that is transformed into a chrysalis, and finishes in a winged animal. The eggs, in the summer months, take six days before they are hatched, the larve the same period before it becomes a chrysalis, the chrysalis twelve days before it assumes its perfect form : so that the entire process is completed in a little more than three weeks in the summer, though a longer period of time is consumed in the colder months. It obtains its nourishment from the juices of the animal it infests, by driving its sharp proboscis under the cuticle.

The CHIGOE or chiggre is thus excellently described by Catesby. "It is a very small flea, found only in warm climates. It is a very troublesome insect, especially to negroes and others that go barefoot and are slovenly. They penetrate the skin, under which they lay a bunch or bag of eggs, which swell to the bigness of a small pea or tare, and give severe pain till taken out : to perform which great care is required, for fear of breaking the bag, which endangers mortification and the loss of a leg, and sometimes life itself. This insect, in its natural size, is not above a fourth part so big as the common flea. The egg is so small as to be scarcely discerned by the naked eye."*

As these animalcules are fostered, like the pediculus, by filth and laziness, they are best destroyed by vigilance and cleanliness ; and, in the mean time, most of the poisons, recommended in the former case, will prove effectual in the latter. The cuticular or cutaneous halos, often accompanied with a slight elevation of the skin, crowned with minute vesicles, or dandriff, produced by the present and various other bites or stings of insects, as that of the gadfly, harvest-bug, or wasp, are called by Frank † and many other writers psydrasia or psydrasiæ. Dr. Willan's definition of the term does not widely differ from this explanation.

Psydrasia of
Frank and
Willan.

SPECIES III.

MALIS ACARI.

TICK-BITE.

CUTICLE INFESTED WITH THE TICK: ITCHING HARASSING ; OFTEN WITH SMARTING PAIN.

GEN. VII.
SPEC. III.

THE tick insect offers us the following varieties : —

α *Acari domestici.*
Domestic tick.

"Observed on the head in considerable numbers." This is not a common variety, but Dr. Young has an example, and I have introduced the variety upon his authority and in his words.

* *Pulices penetrantes* may be destroyed by washing the parts with a decoction of tobacco. (See Rayer, *Traité des Mal. de la Peau*, tom. ii. p. 407.) Of course this statement refers to cases in which they are not lodged in the cutis. — ED.

† De Cur. Hom. Morb. Epit., tom. iv. p. 181. Mannh. 8vo. 1792.

β *Acari scabiei*. *
Itch-tick.

Infestment of the *itch-tick*; burrowing under the cuticle in, or near, the pustules or vesicles of the scabs in those affected.

GEN. VII.
SPEC. III.
Malis acari.

γ *Acari autumnalis*.
Harvest-bug.

Infestment of the *harvest-bug*, less in size than the common mite; inflicting its bite in the autumn, and firmly adhering to the skin; itching intolerable, succeeded by glossy wheals.

The *acarus* is a numerous genus of very minute insects, including, besides those enumerated above, a multitude of other species well known to every one, as *a. ricinus* or dog-tick, *a. siro* or mite, *a. dysenteriae* or dysentery-tick, of which we have spoken already.†

General description of *acarus*.
Dog-tick.
Dysentery-tick.

The first in the above varieties is probably the *a. leucurus* of Linnéus, with a testaceous exterior, found frequently in the neighbourhood of gangrenous sores and dead bodies. The second *a. scabiei* or *exulcerans*, for though enumerated as two by Linnéus, they are the same animal, white with reddish legs. It burrows, not in, but near the exulcerations of the itch, as already observed under scabies, as also in the neighbourhood of other exulcerations, and adds considerably to their irritation.‡ The harvest-bug is a globular ovate-red insect, with an abdomen bristly behind. From the glossy wheals which its bite produces, it has sometimes been called WHEAL-WORM.

α *M. acarus domesticus*.
A. *leucurus* of Linnéus.
β *M. acarus scabiei*.
γ *M. acarus autumnalis*.

The wounds inflicted by vermin of this kind are to be avoided by avoiding their haunts; or, when we have been exposed, a tepid bath is the best means of preventing the ill effects. When the punctures have taken place, they may be relieved by a lotion composed of equal parts of the aromatic spirit of ammonia and water, which I have often found also highly serviceable in the bite of an animal that does not, indeed, harbour in the cuticle or on the skin, though he is as troublesome by his sudden and predacious sallies, I mean the gnat and the musquito fly.

Remedial process.

* The unsuccessful attempts to discover this insect, made by Lugol, Bielt, Galeotti, Chiarurgi, and Rayer, with powerful glasses and microscopes, have been already noticed in a note to the section of this work, treating of *ecpyesis scabies*. The authorities in support of the reality of the *acarus scabiei* are chiefly Hauptmann, Cestoni, Galès, Bonomo, Linnéus, Morgagni, and Renucci, the latter of whom recently obtained a prize for the clear discovery of it from M. Lugol.

— ED.

† Vol. ii. p. 235.

‡ Rayer's investigations lead him to believe, that the *acarus scabiei* is only the *pediculus corporis* in very uncleanly persons affected with itch. Op. cit., tom. ii. p. 412. — ED.

SPECIES IV.

MALIS FILARIÆ.

GUINEA-WORM.*

SKIN INFESTED WITH THE GUINEA-WORM; WINDING AND BUR-
ROWING UNDER THE CUTICLE, FOR THE MOST PART OF THE
NAKED FEET OF WEST INDIAN SLAVES; SEVERE ITCHING,
OFTEN SUCCEEDED BY INFLAMMATION AND PAIN.

GEN. VII.
SPEC. IV.

THIS worm is found chiefly in both the Indies, most frequently in the morning-dew †; often twelve feet long, not thicker than a horse-hair. It may be felt under the skin, and traced by the fingers, like the string of a violin: and excites no uneasy sensation, till the skin is perforated by the animal. It should be drawn out with great caution, by means of a piece of silk tied round its head; for if, by being too much strained, the animal break, the part remaining under the skin will grow with redoubled vigour, and often occasion a fatal inflammation.

The irk Me-
dini or vermis
Medinensis of
the Arabians.

This animal is the *irk Medini* (يرقا مديني) of Avicenna and the Arabians, literally, *vermis Medinensis*, but which has, by some means or other, been by most writers corruptly translated *nervus*, or *vena Medinensis*.

Well known to
the Greeks,
and their
dracontia.

The Guinea-worm was well known to the Greek writers, who, according to Pliny, denominated it δρακοντία (*dracontia*), whence the name of *dracunculus*, which is frequently applied to it. Aëtius and Agatharcides have both given an account of this worm, as has also Paulus of Ægina.

Diagnosis.

The inflammation, produced by this animal, commences with an itching in the part affected, without acute pain. The part swells and inflames, and at length resembles a furunculus or boil, in hardness, and when on the point of breaking, in vehement pain. Soon after the tumour has burst, the head of the worm may be seen peeping from the bottom of the sore, whence it is to be cautiously laid hold of, as already described. Sir James M'Grigor informs us, that the native practitioners are far more expert in extracting it than Europeans; and that, after an exact feel with their fingers for the body of the worm, they make an incision, as nearly as they can judge, through its middle, and by nicely tying

How to be
extracted.

* Rudolphi, Entozoorum sive Vermium Intestinalium Historia Naturalis, 3 vols. 8vo. Amst. 1808, art. FILARIA. Blainville, art. FILAIRE, Dict. des Sciences Naturelles. — ED.

† It is now believed that the Guinea-worm is never developed out of the human body. Loeffer, who resided many years in Africa, never knew an instance of its having been observed in water. Neither could Lind ever detect it in the waters of that quarter of the globe. (See Rayer, Traité des Mal. de la Peau, tom. ii. p. 420.) For a refutation of an old opinion, of late revived (see Trans. of the Med. and Physical Society of Calcutta, vol. i.), that the *filaria medinensis* is not an individual animal, but a dead portion of lymphatic vessel, see a letter by Professor Grant, in the Edin. Med. and Surgical Journ., No. cvi. p. 116. — ED.

a piece of silk to each end, curl out both at the same time.* Mr. Hutchinson gives an account of his having extracted one that measured three yards and a half in length.† It more usually, however, measures from eighteen inches to six feet. It is elastic, white, transparent; and contains a gelatinous substance.

GEN. VII.
SPEC. IV.
Malis filariæ.
Great length
at times.

Other varieties, or perhaps species, of the filaria are traced under the skin of numerous animals, — mammals, birds, and even insects: and it seems sometimes to infest the aqueous humour of the horse's eye; and by exciting inflammation, has produced blindness.

SPECIES V.

MALIS CESTRI.

GAD-FLY BITE.

SKIN INFESTED WITH THE LARVES OF THE GAD-FLY; CHIEFLY BURROWING IN THE SCHNEIDERIAN MEMBRANE OF THE NOSTRILS.

THIS complaint is more common to quadrupeds than to mankind; especially to sheep, horses, and black cattle; the insect depositing its eggs in different parts of the bodies of these animals, and hence producing painful tumours, occasionally succeeded by death, from the violence of the inflammation. We sometimes, however, and in the West Indies not unfrequently, find the eggs of this insect deposited in the interior membrane of the human nostrils; accidentally inhaled with the air, or lodged by a sudden ascent of the insect itself. Mr. Kilgour, of Jamaica, gives a striking example of this, though he does not exactly indicate the insect. The patient was reduced almost to a state of madness before the appearance of a single larve denoted the real nature of the disease. The cure was effected by an injection of tobacco decoction. Two hundred were discharged in ten days.‡

GEN. VII.
SPEC. V.
More common
to quadrupeds
than to man-
kind;
but sometimes
found in man.
Exemplified.

* Medical Sketches of the Expedition to Egypt from India, 8vo. Lond. 1804. This worm chiefly gets into the subcutaneous cellular tissue of the lower extremities. Out of 181 cases, referred to by Sir James M'Grigor, 124 were in the feet; 33 in the legs; 11 in the thighs; 2 in the scrotum; and 2 in the hands. Kæmpfer met with this worm in the cellular tissue of the ham and scrotum; Peret, in that of the head, neck, and trunk; and Bajon asserts, that he saw two instances of it under the mucous membrane of the eyeball. According to Charadin, the filaria is always single; but Bajon and Bosmann state, that it is not unusual to meet with several in the same patient. See Rayer, *Traité des Mal. de la Peau*, tom. ii. p. 420. — ED.

† Edin. Med. Essays, vol. v. part ii. p. 309. Fermin describes one that was eight ells in length. See also Rayer, *Traité des Mal. de la Peau*, tom. ii. p. 419. — ED.

‡ History of a Case in which Worms in the Nose were removed, &c. 8vo. 1782.

SPECIES VI.
MALIS GORDII.

HAIR-WORM.

SKIN INFESTED WITH THE HAIR-WORM; CHIEFLY INSINUATING ITSELF UNDER THE CUTICLE OF THE BACK OR LIMBS OF INFANTS; PRODUCING PRICKING PAINS, EMACIATION, AT TIMES CONVULSIONS.

GEN. VII.
SPEC. VI.

THIS is the morbus pilaris of Horst, the malis à crinonibus of Et-muller and Sauvages.

Morbus pilaris.
Morbus à
crinone.

Nature of the
disease in-
volved in some
obscurity.

Probable cause
the gordius or
hair-worm.

The nature of the disease is still involved in some uncertainty; the fibrils, thrown forth from the surface of the skin, accompanied with the symptoms above described, are by some authors supposed to be a morbid production of real hairs; but the greater number, and among the rest Ambrose Paré, ascribe to them a distinct living principle.

The disease is uncommon: but, upon the whole, it seems to be often produced by a species of the gordius or hair-worm; some of which are well known to infest other animals in like manner; and especially the *cyprinus alburnus*, or bleak, which, at the time, appears to be in great agony.

According to
Hoffman
common to
children in
Misnia:

Hoffman tells us, that the children of Misnia are much infested with worms of this kind, which he describes as resembling black hairs lodged under the skin: and which, by a perpetual irritation, so emaciate them, that they become little more than living skeletons. When the skin is warm they appear, but, while it is cold, they keep buried under its cover.

to the town of
Seyne in 1776,
and called céés.

A similar disease is said by M. Bassignet to have been peculiar, in 1776, to the town of Seyne and its neighbourhood, and to have made its attack upon almost all the new-born children. In Seyne, it was at that time called céés, a corruption of ceddés, a provincial term for a bristle. It appeared from the first twelve hours till the end of the first month after birth, rarely later than the last period. The symptoms were, a violent itching, and general erethism, so as to prevent sleep, hoarseness, a diminution of the voice, and an inability of sucking. Friction with the hand over the body proved a certain cure, and brought forth a kind of dark rough filaments resembling hair, often not more than the twelfth of an inch in length, in some cases furnished with a minute bulb at the extremity.*

Curative pro-
cess employed
at Seyne.

General me-
dical treatment.
Civadilla.

A decoction of the *cocculus indicus* is serviceable in this and in most of the preceding species: but, perhaps, the most determinate cure for the whole is to be found in the civadilla, supposed to be a species of the *veratrum*, which I have already recommended in many cases. No insect nor vermin of any kind is capable of resisting or living under the pungent and acrid aroma of its seeds when reduced to powder, which it is only necessary to sprinkle

Its destructive
pungency.

* Hist. de la Société Royale, &c. an. 1776.

over the linen or bedclothes that are thus infested. The powder, indeed, is a powerful errhine; and when tasted affects the tongue with the pungency of needles, and excites a severe and protracted ptyalism. On account of this acrid and penetrating power, it ought not to be used where the surface of the body is exulcerated. In porrigo, or scabby scall, it has even proved fatal: and hence it is omitted in Rosenstein's third edition of his work "On the Diseases of Children," though recommended in the two preceding.

GEN. VII.
SPEC. VI.
Malis gordii.
Requires great
caution in its
use.

GENUS VIII.

ECPHYMA.

CUTANEOUS EXCRESCENCE.

SUPERFICIAL, PERMANENT, INDOLENT EXTUBERANCE ; MOSTLY
CIRCUMSCRIBED.

ECPHYMA is a Greek term, from ἐκφύω, "educō, egero," in contradistinction both to *phyma*, "an inflammatory tumour," and *emphyma*, "a tumour without inflammation," originating below the integuments. Extuberances, similar to those belonging to this genus, are frequently found in the rinds of fruits, as apples and oranges, and form a peculiar character in some species of melon; none of which are produced by insects, nor are we acquainted with the immediate cause.

GEN. VIII.
Origin of
generic term.

The species of this genus are the four following : —

- | | |
|-----------------------|-----------|
| 1. ECPHYMA CARUNCULA. | CARUNCLE. |
| 2. ——— VERRUCA. | WART. |
| 3. ——— CLAVUS. | CORN. |
| 4. ——— CALLUS. | CALLUS. |

SPECIES I.

ECPHYMA CARUNCULA.

CARUNCLE.

SOFT, FLESHY, OFTEN PENDULOUS, EXCRESCENCE OF THE COMMON
INTEGUMENT.

THIS species is found over the surface generally, and occasionally, as a sequel of lues, about the anus and sexual organs.
From its shape, or position, it often obtains a particular name, as *ficus*, when fig or raisin-shaped; *encanthis*, when seated on the canthus or angle of the eye.

GEN. VIII.
SPEC. I.
When found
principally.
Ficus.
Encanthis.

GEN. VIII.

SPEC. I.

Ecphyma
caruncula.

At first mere
cuticular tu-
mours, but by
degrees con-
nected with
the cutis, or
subjacent
muscles.

Differ in con-
sistency,
colour, shape,
and size.

Remedial
process.

Treatment.

These excrescences on their first formation seem to be productions of the cuticle alone*; but by gradually thickening, and a fresh vascularity, they come at length to be connected with the skin itself, and, in some instances, even to proceed to the depth of the subjacent muscles. They are of very different degrees of hardness: being in some instances not much firmer than the parts with which they are connected: whilst, in others, they are found to acquire the obduracy of a rigid scirrhus. Their colour also is very various: in some cases, they are of a pale white, and, in others, of different shades of red. In some instances, they are single; and, in others, gregarious. In many cases, they are not larger than ordinary warts; but, in others, they are much broader and thicker.

Where they are neither painful nor unsightly, there can be no reason for attacking them; but, in other cases, they should be removed. Those of a soft consistency may be often destroyed by rubbing them frequently with a piece of crude sal ammoniac, or washing them with a strong solution of it. Savin powder is a still more effectual escharotic. Pressure alone will also sometimes succeed when it can be fairly applied. But, if none of these answer, recourse must be had to lunar caustic, or the scalpel.

SPECIES II.

ECPHYMA VERRUCA.

WART.

FIRM, HARD, ARID, INSENSIBLE EXTUBERANCE OF THE COMMON
INTEGUMENT: FOUND CHIEFLY ON THE HANDS.

GEN. VIII.

SPEC. II.

WARTS are small sarcomata that offer the following varieties:

α Simplex.
Simple wart.

Simple and distinct: sessile or
pensile.

β Lobosa.
Lobed wart.

Full of lobes and fissures.

γ Confluens.
Confluent wart.

In coalescing clusters.

Origin and
progress.

All these rise, like the caruncle, from the cuticle at first, and gradually become connected with the cutis by being supplied with minute arteries that rarely extend far into the substance, as the surface, when of any bulk, is hard, ragged, and insensible, though the base is endued with extreme sensibility.†

* No doubt this part of the description is incorrect with reference to the examples specified by the author. — ED.

† Rayer describes two kinds of warts, the *common* (verruës vulgaires), and *those with pedicles* (verruës pédiculées). Common warts are usually formed on the hands. When perpendicularly cut through, the thickness of the cuticle is observed to increase progressively as far as the middle of the wart. The cutis, which is thickened as well as the cuticle, sends prolongations into the substance of the latter, which are termed the roots of the wart. Sometimes these, being

Warts may be destroyed by ligature *, the knife, escharotics, or powerful astringents. Many of our common pungent plants are employed by the vulgar for the same purpose, and, in various instances, answer sufficiently. One of the most frequent is the celandine or *Chelidonium majus*, whose yellow acrid juice is applied to the excrescence daily or occasionally till it disappears. The pyroligneous acid, however obtained, answers the same purpose, as does the *Meloë proscarabæus*, the liquor potassæ or ammoniæ, mineral acids, muriated ammonia. In Sweden, they are destroyed by the *Gryllus verrucivorus*, or wart-eating grasshopper, with green wings spotted with brown. The common people catch it for this purpose; and it is said to operate by biting off the excrescence, and discharging a corrosive liquor on the wound. They often disappear spontaneously, and hence are sometimes supposed to be charmed away.†

GEN. VIII.
SPEC. II.
Ecphyma
verruca.
Treatment.
Curative
process.
Chelidonium
majus or celan-
dine juice.
Pyroligneous
acid.
Savine.
Destroyed by
the Gryllus
verrucivorus.
Sometimes
disappear
spontaneously.

surrounded by a layer of cuticle, are separated from one another, so as to give the wart a split or lobulated appearance (verruca lobosa). When warts are cut into, small black points are sometimes perceived, and Cruveilhier has traced blood-vessels in them in the form of red streaks, following the prolongations of the cutis. Warts with pedicles are represented by Rayer to be small appendages of the skin, shaped like the finger of a glove, and with a smooth polished surface often of the same colour as the nipple of the breast. He states, that they consist of two very fine reddish layers of skin, connected together by means of a delicate cellular tissue. They are mostly situated on the neck, back, or limbs, and are sometimes flattish, with a broad base (verruæ charnues). (See Rayer, *Traité des Mal. de la Peau*, tom. ii. p. 296.) Common verruæ are well known to form much more frequently in children and young subjects, than in old persons. Habitual irritation seems to promote their formation on the hands, and hence their frequency on individuals who are in the custom of handling hard bodies, or whose hands are much exposed to great variations of atmospheric temperature, or remain in an uncleanly state. Warts differ from syphilitic excrescences, inasmuch as the latter are attended or have been preceded by other venereal complaints, occur on or near the genitals, or on the chin and face, and often yield to mercury, or the deutochlorure of gold, or soda. Syphilitic excrescences are also red, and, when wounded, bleed more freely than warts. Op. cit. loco cit. — ED.

* When the pedicle is narrow, horsehair or silk is often used for this purpose. — ED.

† Rubbing warts with muriate of ammonia will remove them in the course of time, without any inflammation or pain, unless they happen to be of a peculiarly hard description. Rayer prefers touching them with nitric acid, as a more expeditious and certain means of cure. In this metropolis, a strong solution of the nitrate of silver, the concentrated acetic acid, and the tinctura ferri muriatis, are favourite applications. — ED.

SPECIES III.

ECPHYMA CLAVUS.

CORNS.*

ROUNDISH, HORNY, CUTANEOUS EXTUBERANCE WITH A CENTRAL NUCLEUS, SENSIBLE AT ITS BASE: FOUND CHIEFLY ON THE TOES FROM THE PRESSURE OF TIGHT SHOES.

GEN. VIII.
SPEC. III.

Originate as caruncles and warts, and sometimes approach ichthyiasis cornea. Sometimes cast annually. Mode of treatment.

CORNS originate in the same manner as caruncles and warts. They are sometimes spontaneous, and gregarious, spreading over the whole head and body: and sometimes rise to a considerable height, and assume a horny appearance. In the last case, the tuber makes a near approach to some of the species of the genus *LEPIDOSIS*, especially *L. ichthyiasis cornea*, and *cornigera*. In the ninth volume of the Transactions of Natural Curiosities, is a case of an annual fall by a spontaneous suppuration.

The cure consists in cutting or paring the excrescence down nearly to its roots; and then applying some warm resinous, or other stimulating preparation, as the juice of squills, house-leek, or purslane, or the compound galbanum or ammoniac emplaster.

SPECIES IV.

ECPHYMA CALLUS.

CALLUS.

CALLOUS EXTUBERANT THICKENING OF THE CUTICLE; INSENSIBLE TO THE TOUCH.†

GEN. VIII.
SPEC. IV.

Where chiefly seated, and how produced.

THIS species is found chiefly on the palms of the hands, and soles of the feet, as a consequence of hard labour. Among those, who

* Small accidental rounded productions of the cuticle, very hard, circumscribed, ordinarily formed on the upper surface or sides of the toes, and sometimes on the sole of the foot, near the anterior extremities of the metatarsal bones. They compress, irritate, inflame, and sometimes penetrate the cutis, or even affect the bones and subjacent articulations. The cuticle of which corns are composed is so thickened, that several layers of it may be successively removed with a cutting instrument, and in their centre a point of horny appearance, whiter, and extending more deeply than them, may be distinguished. Pressure on a corn occasions acute pain. The induration is sometimes surrounded by a slight ecchymosis, situated between the cutis and the semitransparent layers of the corn, and commonly increasing in proportion to the thickness and consistence of the small central induration. The thickened cuticle was found, on maceration of a corn, to have depressed and thinned the cutis underneath it; but Rayer was not able to detect any vessels in the substance of the corn itself, as some anatomists pretend to have done. See op. cit., p. 321-323. — ED.

† A callus, or callosity, as it is more commonly called, when the term is employed in the sense assigned to it by Dr. Good, differs from a corn in having no central white cone that penetrates more deeply than the rest of it. — ED.

accustom themselves to long journeys over the burning sands of Egypt, some have had their feet as indurated with a thick callus as an ox's hoof, so as to bear shoeing with iron; and, in Siam, such persons have been known to walk with their naked feet on red-hot iron bars.

This species is produced also by a frequent exposure of the hands or feet to hot water, or to mineral acids. The cuticle of the feet has been rendered so thick and insensible by the use of sulphuric acid as to endure fire without pain. This acid is hence commonly employed by professed fire-walkers and fire-eaters, the interior of the mouth being hardened and seared in the same way as the soles of the feet.

In the Medical Museum is a singular case of this complaint, as it occurred in a young man, the cuticle of whose hands was so thickened and indurated as to render them of no use. He was by trade a dyer; and the disease was gradually brought on by cleaning brass wire, with a fluid consisting of sulphuric acid, tartar, and alum. His fingers were so rigid from the callosity of the cuticle, that on a forcible endeavour to straighten them, blood started from every pore. As the disease was chiefly ascribed to the use of the acid, the patient was ordered to apply to his hands an emollient liniment, consisting of equal parts of olive-oil and liquor potassæ. After two days, one half the alkali was omitted, and the yolk of two eggs added. By means of this application, the hardened cuticle began to peel off, and a new flexible one to appear beneath; he acquired the use of his fingers by degrees, and in about two months the cure was perfected.

GEN. VIII.

SPEC. IV.

Ecphyma
callus.By burning
sands or other
excess of heat.Singular
effects.By mineral
acids, used for
this purpose by
fire-walkers
and fire-eaters.Singular
illustration.

GENUS IX.

TRICHOSIS.

MORBID HAIR.

MORBID ORGANISATION, OR DEFICIENCY, OF HAIR.

TRICHOSIS (*τριχωσις*), "pilare malum," is a term of Actuarius, and other Greek writers, from *τριξ*, "pilus." TRICHIASIS is the more common appellation; but it has often been used in a somewhat different and more limited sense. The terms *athrix* and *distrix*, which express two of the species under this genus, are evidently from the same root.

Hair may be regarded as a vegetation from the surface of the body; it rises from a bulbous root of an oval form, which is situated within the cutis. The separate hairs are spiral and hollow, filled with a pulp, furnished with vessels, and knotted at certain distances like some sorts of grass, and in some cases, send out branches at their knots. Their roots or bulbs are found over the whole surface of the body, though they only vegetate in particular parts, for

GEN. IX.

Origin of ge-
neric name.Pilare malum.
Trichiasis.Physiology of
hair: it rises
like vegetable
spiracles from a
bulbous root
in the cutis.

GEN. IX.
Trichosis.

Bulbs or roots found over the entire surface, but only productive in particular parts, except extraordinarily.

which it is not easy to assign a reason. [According to Professor Macartney, all true hairs, whatever may be their figure, agree in certain circumstances. Thus, they all grow upon vascular pulps, which, with the tubular roots that surround them, are enclosed in bulb-shaped capsules, or investments, situated within the skin.* The minute parts, which are concerned in the production of small hairs, such as those which grow on the human head, or the bodies of quadrupeds in general, cannot be easily distinguished. In these instances, the bulbs appear to be short transparent membranous tubes, which permit the root of the hair to be seen through them. They usually contain a clear gelatinous fluid, and sometimes a particle of blood. These capsules have but a slight adherence to the subcutaneous substance, or to the skin, as frequently, on pulling out a hair, the bulb comes along with it. The bulbs are larger in proportion as the hair is young. The pulp, on which the hair is formed, passes through the bottom of the capsule, in order to enter the tube of the hair, into which it penetrates for a short distance, but never, in common hairs, reaching to the external surface of the skin. The pulp is supplied by one artery, which, when injected, renders the whole perfectly red.† The pulp secretes the matter of which the hair is composed, and it is found to extend only to that portion of the hair which is in a state of growth; and in those which are deciduous, or which are cast at particular seasons of the year, such as the hairs of quadrupeds, the pulp becomes entirely obliterated before the period of shedding the hair, and its root is converted into a solid pointed mass.] ‡

Without nerves.

Circulation how maintained.

Beneficial effects of combing the hair, and refreshment often obtained by it.

As hairs, at least in a state of health, have no more nerves than the filaments of vegetables, it is probable, that the circulation is carried on in them in the same manner as in plants. By combing we free the fluid from those obstructions which must necessarily be produced by their being bent in all directions; and hereby promote a circulation through the bulb, and relieve the head from accumulations; for, though the vessels of the bulb are small, they are numerous. § And we are hence enabled to account for the

* Most of the changes to which the hairs are liable arise, like those of the nails, from an affection of their bulbs, or the organs by which they are produced. The hair-follicles inflame in several inflammatory diseases of the scalp, as in *porrigo favosa* and *porrigo lupinata*, and in certain cases of *impetigo*, &c. (See Rayer, tom. ii. p. 358.) The growth of hairs is considerably influenced by the state of the organs of generation. Thus Moreau presented to the Faculty of Medicine at Paris a child only six years old, the precocious developement of whose testicles had so forced the growth of hair on its body, that its breast was as shaggy as that of an adult. On the other hand, the beards of eunuchs are known frequently to cease in a great measure to grow. See Rayer, tom. ii. p. 385.—ED.

† M. Frederick Cuvier is alleged to have seen the bulbs of feathers of various birds very much injected with blood, and highly inflamed. See Rayer, op. cit., tom. ii. p. 359.—ED.

‡ Macartney, in Rees's Cyclopædia, art. HAIR.

§ This passage requires some little explanation. By circulation, Dr. Good could not mean a circulation of blood in the hairs themselves, but only in their pulps, which, we find, do not extend into their tubes beyond the level of the skin, at least in the healthy common hair of the human subject. Dr. Good, by circulation, however, may possibly refer also to the oily and other secretions, which pervade the hair, and are no doubt produced from the vessels either of the bulb or pulp. Bichat supposes, that there is a species of circulation in the interior of the hair, by which he explains the changes of colour, and the sympathy which is well known to exist between the hair and many important organs of the body.

relief and refreshment which is often felt by a patient after the operation of combing. Long hair has been in all ages esteemed an ornament. There is no question, however, that it requires more nutriment for its support than short hair; and some physiologists have gone so far as to doubt whether it may not hereby be injurious to the general health, as productive of debility. But there seems no real ground for such a belief; as a healthy system, like the roots or trunk of a healthy tree, will always be able without inconvenience to furnish sustenance enough for its branchy foliage. Dr. Parr, however, affirms, that suddenly cutting off long hair has to his knowledge been injurious, and attended with every appearance of plethora*: while very thick hair may occasionally weaken by the undue warmth and perspiration it occasions.

Next to the bones, hair appears to be the most indestructible of the constituents of the body: and there are accounts of its having been found in old tombs, after all the soft parts had entirely disappeared. The hair of different individuals differs considerably in its thickness, in the proportion of $\frac{1}{300}$ to $\frac{1}{700}$ of an inch in diameter: and it is no less variable in its other physical qualities, some kinds being much more dense and elastic than others, which Mr. Hatchett ascribes to the different proportion of jelly contained in it.†

According to the experiments of Vauquelin, read to the Institute in 1808, human hair is not soluble in boiling water, but when exposed to a greater temperature in Papin's digester, it dissolves readily. From a solution of black hair, a black matter was deposited, which proved to be an oil of the consistence of bitumen, together with iron and sulphur. And as the hair of some persons has a smell approaching to that of sulphur, and especially those who have red hair, we are no longer at a loss to account for this.

The same excellent chemist found that alcohol extracts from black hair a whitish, and a grayish-green oil, the last of which separates as the alcohol evaporates. It is probable, therefore, that the black matter is gummy or albuminous; the white, we are told, resembles cetaceum in appearance, though it differs in chemical affinity. Red hair affords the white matter, and, instead of the grayish-green oil, an oil as red as blood. White hair contains phosphate of magnesia, and its oil is nearly colourless. When hair becomes suddenly white from terror, Vauquelin thinks it may be owing to a sudden extrication of some acid, as the oxymuriatic acid is found to whiten black hair; but it is suggested by Parr, that this may more probably be owing to an absorption of the oil of the hair by its sulphur, as in the operation of whitening woollen cloths.

GEN. IX.
Trichosis.

Long hair whether productive of debility.

Suddenly cutting off long hair has been injurious, and induced plethora.

Indestructibility.

Difference in various qualities.

Chemical properties of hair.

Black oil obtained from black hair; iron and sulphur;

as also a whitish, and grayish-green oil:

blood-red oil obtained from red hair.

White hair contains phosphate of magnesia.

Attempts to account for the sudden change to white.

If, however, these effects are produced by any vital action, it must go on likewise, as Dr. Macartney justly observes, in the horny substance of the hair, which is the seat of many of those effects. The fibrous structure of the hair seems calculated to admit that sort of movement, or circulation of the juices, which takes place in plants; and an organic action in the substance of hairs, Dr. Macartney conceives, must be admitted to exist, in order to account for the changes to which it is subject. — ED.

* See also Lanoix, *Observations sur le Danger de couper les Cheveux dans quelques Maladies aiguës*. Mém. Soc. Méd. d'Emulation. Paris, tom. i. 8vo. — ED.

† Bostock's *Elementary System of Physiology*, p. 91. 8vo. 1824.

GEN. IX.
Trichosis.

Dr. Bostock has more plausibly conceived, that the effect depends upon the sudden stagnation in the vessels which secrete the colouring matter, while the absorbents continue to act, and remove that which already exists. *

These remarks will assist us in comprehending something of the nature of the following species of diseases, which are included in the genus before us : —

1. TRICHOSIS	SETOSA.	BRISTLY HAIR.
2. —————	PLICA.	MATTED HAIR.
3. —————	HIRSUTIES.	EXTRANEOUS HAIR.
4. —————	DISTRIX.	FORKY HAIR.
5. —————	POLIOSIS.	GRAY HAIR.
6. —————	ATHRIX.	BALDNESS.
7. —————	AREA.	AREATED HAIR.
8. —————	DECOLOR.	DISCOLOURED HAIR.
9. —————	SENSITIVA.	SENSITIVE HAIR.

SPECIES I.

TRICHOSIS SETOSA.

BRISTLY HAIR

HAIRS OF THE BODY THICK, RIGID ; AND BRISTLY.

GEN. IX.
SPEC. I.
Hystriacis or
porcupine hair
of Plenck.

Illustrated.

THIS is the hystriacis or porcupine hair of Plenck. It is, in fact, a stiff corpulency of hair produced by a gross or exuberant nutriment, and has been sometimes limited to the head, sometimes to other organs, and sometimes common to the body.† The remarks already offered will sufficiently account for its production.

In the fifth volume of the Philosophical Transactions, we have an extraordinary example of hair of this kind being thrown off and renewed every autumn, like the horns of the deer and various other quadrupeds. The affection was also hereditary ; for five sons exhibited the same morbid state of the hair.‡

* Elementary System of Physiology, p. 92. For additional remarks on gray hair, see Trichosis poliosis.

† Bichat saw an unfortunate individual at Paris, whose face was covered from his birth with hairs as rigid as the bristles of a wild boar. (Anatomie Gén., tom. iv. p. 827.) M. Villermé likewise, in 1808, met with a child, about six or eight years old, at Poitiers, with a great number of brown prominent patches of different sizes, dispersed over the whole body, excepting the hands and feet, and all which were covered with hairs shorter and less coarse than those of a wild boar, yet somewhat analogous to them. The hairs, and spots on which they grew, occupied about one fifth of the surface of the body. See Rayet, Traité des Mal. de la Peau, tom. ii. p. 384. — Ed.

‡ See also Samml. Med. Wahrnehmung., band iv. p. 249.

SPECIES II.

TRICHOSIS PLICA.

MATTED HAIR.

HAIRS VASCULARLY THICKENED; INEXTRICABLY ENTANGLED AND
MATTED BY THE SECRETION OF A GLUTINOUS FLUID FROM
THEIR ROOTS.*

THIS disease affords a sufficient proof by itself, if other proofs were wanting, of the vascularity of the hairs. Vauquelin ascribes it to a superfluous excretion of the fluid that nourishes them; but there must be something more than this: there must be also an intumescence or dilatation of the vascular tunic of the hairs, since their capacity is always augmented, and in some cases so much so as to permit the ascent of red blood; in consequence of which they bleed when divided by the scissors.†

Most authors ascribe it to uncleanness, which is no doubt the ordinary exciting cause, though there seem to be others of equal efficiency. It is also very generally affirmed to be contagious, and I had hence added this character to the disease in the volume of Nosology. But as Dr. Kerckhoffs strenuously maintains the contrary, after a very minute attention to the complaint in Poland itself, and more especially after having in vain endeavoured to inoculate first himself, and then two children, from the matter issuing from the bulbs of hair pulled for this purpose from a boy who was suffering from it in the most loathsome manner, I have here withdrawn the symptom.

Dr. Kerckhoffs reduces plica to a much simpler principle than it has hitherto been described under, and strips it of many of the most formidable features by which it has been characterised; particularly its connection with hectic fever or any idiopathic

GEN. IX.
SPEC. II.

Affords a proof of vascularity in hair: as also that the hairy tubes or spires are dilatable; whence an occasional ascent of red blood.

Common cause uncleanness.

Whether contagious. |

His explanation of the disease.

* "By plica," says Rayer, "I understand, with J. F. A. Schlegel (*Ueber die Ursachen des Weichselzopfes der Menschen und Thieren, &c.* Jena, 1806, 8vo.), a particular inflammation of the bulbs of the hair, ordinarily accompanied by an anormal developement and entanglement of it. The disease is sometimes complicated with chronic inflammation of the matrix of the nails." (See *Traité des Mal. de la Peau*, tom. ii. p. 359.) The nails, he observes, both of the fingers and toes, usually become long, yellowish, livid, black, and sometimes crooked (p. 361.). Notwithstanding Rayer's adoption of the foregoing definition, he afterwards confesses, that more precise and minute anatomical researches than those hitherto made, are requisite to dispel the doubts which may be entertained about plica consisting of a particular inflammation of the bulbs of the hairs. (Tom. ii. p. 361.) Indeed, in another part of his treatise, he admits, that the circumstance of porrigo and some other inflammations of the scalp making the hair fall off, instead of accelerating its growth, is adverse to the doctrine. The exact source of the exudation, that takes place on the skin where plica exists, seems, also, to Rayer, a point that has not been duly examined. — ED.

† The reality of any disease, corresponding to plica polonica, as described by writers, is sometimes doubted; but, if there be such a case, agreeing with the particulars ascribed to it in books, it certainly shows an inordinate action of the blood-vessels of the pulp, which probably passes further than usual into the tube of the hair. — ED.

GEN. IX.

SPEC. II.

Trichosis plica.

Uncleanliness
with him the
only cause.

Illustrated.

Difficulties
attending the
admission of
Kerckhoffs'
hypothesis.

Other causes
than uncleanli-
ness assigned
by many
writers.
Constitutional
predisposition.

affection of the brain.* He regards it as a mere result of the custom common among the lowest classes of the Polonese, of letting the hair grow to an immense length †, of never combing, or in any other way cleaning it, and of constantly covering the head with a thick woollen bonnet or leathern cap. And hence, says he, while the rich are in general exempt from the disease, it is commonly to be met with among the poor alone, who wallow in filth and misery, and particularly among the Jews, who are proverbially negligent of their persons. He contends, in consequence, that it is no more endemic to Poland than to any other country; and that nothing more is necessary to effect a cure, than general cleanliness, and excision of the matted hair.

The first person he saw labouring under this disease, and he gives the case as a general specimen, was a boy from fifteen to eighteen years old, in a miserably poor village in the neighbourhood of Posen: most offensively filthy, lying in a dark hole, and stinking (*puant*) beside the beasts. He had black hair, very long, very coarse, and braided into thick plaits of a twelvemonth's standing. His head was covered with grease, his brain was greatly affected, and he was complaining of terrible headaches. The medical practitioner that attended him opposed a removal of the hair, from a vulgar belief, that the common outlet of morbid humours being thus cut off, such humours would flow rapidly to the brain, and produce apoplexy or some other cerebral affection. At length, he consented that after a brisk purge the process of cutting the hair should commence; but only to be proceeded in by degrees. The length of two fingers was therefore first removed; and this producing no mischief, it was again shortened to the same extent two days afterwards: and in this manner the whole was cut off in about twenty days. After this the patient was allowed to comb his head a little, and wash it with milk: a few bitters and other tonics were prescribed for him, and he was very shortly restored to perfect health.

Admitting Dr. Kerckhoffs' explanation of this disease to be correct, it is somewhat singular, that the same explanation has never hitherto been given by the most intelligent and most celebrated Polish or even German physicians; as it is also that the disease should be unknown in other countries where the hair is, in like manner, suffered to grow without cutting, and where as little attention is paid to cleanliness.

Hence Sinapius ‡, and numerous other writers, deny uncleanliness to be the only, or even the ordinary cause. They contend for a predisposition in the habit, and affirm that under such predisposition any local accident, and a variety of affections in remote organs, may become exciting causes. In the *Ephemera of Natural Curiosities* is a case, in which it seems to have been produced by a wound in the head. § Vehr relates another, in which a suppression

* Observations Médicales, par Jos. Rom. Louis Kerckhoffs, Médecin de l'Armée, &c. See Med. Trans., vol. vi. art. III.

† On the etiology of plica, we find nothing but unsatisfactory and even contradictory matter: thus, it is alleged by some writers, that the way to prevent this disease is to avoid the protracted impression of cold and damp, and the custom of most of the Poles to shave their heads on assuming the national costume. See Rayer, op. cit., vol. ii. p. 362. — Ed.

‡ Paradoxa Med.

§ Dec. II. ann. II. obs. 1.

of catamenia for three months was followed by it and a jaundice.* It is also occasionally a sequel of several of the varieties of psoriasis. Swediaur relates a case, in which the removal of the hair was accompanied with severe pain, though the scissors were applied at a considerable distance from the head; but he seems to have credited report upon this subject too readily; for he tells us of another case in which the patient, then residing in one of the hospitals at Paris, suffered acute headach on the abscission of her matted hair, and died not long after.† In one instance it appears to have followed gout in the head, and to have kept pace periodically with its paroxysms. The patient was about fifty years of age, and whenever attacked with this podagral affection, his hair began to curl and become hard; insomuch that often in a single night, instead of hanging down straight, it formed a complicated wreathy mass, which no combing could reduce to order. As soon, however, as the paroxysm of gout subsided, the hair lost its tendency to twist, and was easily disentangled.‡

Cutting off the hair, however, though generally supposed to exasperate the disease, or to lead to some secondary evil, does not appear to produce these effects; and hence Vicat recommends the use of the scissors whenever the hairs bleed.§ It is far better with Dr. Kerckhoffs to use them beforehand.||

Though the disease has been usually confined to the hair of the scalp, it has occasionally appeared in other quarters, as in the beard, the armpits, and even the pudendum: authorities for which are quoted in the volume of Nosology.

From the great afflux of fluids, and even of blood to the head, during this disease, it is often accompanied with hemicrania, or some other cephalalgic affection.

* Diss. Icterus fuscus cum Plicâ Polonicâ, &c. Fr. 1708.

† Nov. Nos. Meth. Syst., ii. 231.

‡ Journ. of Foreign Med., No. xvii. The previous or simultaneous existence of the other diseases mentioned in the text, might have been accidental, without any essential connection with the origin of plica. At all events, such connection cannot be explained. According to Rayer, the scalp is painful when touched. The bulbs of the hair are swollen, and contain a greater quantity of fluid than usual; they are also so sensitive, that the slightest motion communicated to the hairs occasions acute pain at their roots; a morbid secretion oozes from the inflamed bulbs, and glues the hairs together, sometimes without their being mixed together and entangled. The hairs may stick together in separate locks of greater or less thicknesses, lengths, and degrees of flexibility, like so many cords (the plique multiforme of Alibert); or else, besides adhering together, they may acquire an immoderate length, so as to resemble a horse's tail (the plique à queue of Alibert); or, lastly, they may be agglutinated and mixed together, without ever separating, making a misshapen mass of greater or less size (the plique en masse of Alibert). See Rayer, tom. ii. p. 360. — Ed.

§ Mémoire sur la Plique Polonoise. Lausanne, 1775.

|| The use of the warm bath, or pediluvium, residence in a mild temperature, the application of tepid lotions to the head, or other parts, where the bulbs of the hair are liable to be affected, cutting off the hair, and an habitual attention to cleanliness, are the means specified by Rayer as most generally proper in the treatment of plica. The more or less serious affections which precede, accompany, or follow it, present likewise particular indications, the comprehension and fulfilment of which can only be taught by experience. See Rayer, tom. ii. p. 362. — Ed.

GEN. IX.

SPEC. II.

Trichosis plica.

Has followed a wound in the head; jaundice, and suppressed catamenia:

psoriasis.

Swediaur's credulity.

Sometimes has followed gout.

Singular example.

Hair to be cut off, and its removal unattended with mischief.

Disease has appeared in other parts than the scalp.

Accompanied at times with various affections of the head, and why.

SPECIES III.

TRICHOSIS HIRSUTIES.

EXTRANEOUS HAIR.

GROWTH OF HAIR IN EXTRANEOUS PARTS, OR SUPERFLUOUS
GROWTH IN PARTS COMMON.

GEN. IX.

SPEC. III.

Appears chiefly
in bearded
women;
generally, per-
haps, produced
by deficient
menstruation:
but not always.

Beard found
in boys, and
infants.

Hair produced
in extraneous
organs.

Cause of this
explained.

THE most frequent example of this misaffection is that of bearded women. In a few instances, the female beard has even been bristly, thus uniting the present with a preceding species. Hippocrates ascribed hirsuties under this form to a deficient menstruation *, whence it is occasionally met with in young women. This cause is admitted generally in modern practice; but one of the most striking cases in a young woman that has ever occurred to the present author, was accompanied with an habitual *paramenia superflua*, under which the patient at length sunk at about forty years of age.†

In like manner, a beard has sometimes been found on boys ‡, and, in a few instances, on infants. §

Hair has often also sprouted forth from organs whence it does not grow naturally; which, however, in most examples, can be accounted for without any great difficulty by bearing in mind a remark offered in the opening of the present genus; I mean, that “the roots or bulbs of hairs are found over the entire surface of the body, though they only vegetate in particular parts.” Yet

* Epidem., lib. vi. sect. vii. Schurig, Parthenologia, p. 185. Dresd. 1729. 4to.

† Women are well known to be disposed to acquire a beard at the change of their constitutions, between forty and fifty, when the menses permanently stop. In the section on trichosis setosa, some facts are quoted, equally illustrative of the present subject. Rayer, in 1806, saw a young woman in the Hôpital de la Pitié, twenty-six years of age, whose shoulders were covered with black hairs, the bulbs of which made the skin form so many little brownish prominences. Various morbid conditions seem to be conducive to extraneous hair. Boyer used to mention in his lectures a case, in which an inflammatory tumour of the thigh was followed by a rapid growth of numerous long hairs on the part. All surgeons know, that certain kinds of nævi usually have hairs upon them. The following case is recorded by M. Bricheteau:—A young woman of fair complexion, dark hair, and delicate constitution, after being reduced to a complete state of marasmus by a painful pregnancy, a miscarriage, and an extraordinary difficulty of swallowing, at length recovered her health in the summer of 1826. Scarcely had she begun to take food and gain strength, when her skin, which had been parched, and agglutinated, as it were, to her bones, became covered with a multitude of small elevated points, like those produced by the impression of cold. They were particularly observed on the back, loins, chest, and abdomen; and, in a few days, they assumed a brownish colour, and very soon each of them put forth from its apex a hair, which was at first very short, light-coloured, and silky, but grew so rapidly, that in a month the whole surface of the body and limbs, with the exception of the hands and face, was perfectly shaggy. In another few months the hairs dropped off spontaneously, and were not reproduced. See Rayer, tom. ii. p. 383. — ED.

‡ Paullini, cent. iii. obs. 64.

§ Eph. Nat. Cur., Dec. ii. ann. iv. obs. 163. ap. 203.

Amatus Lusitanus has given us an example to which this explanation will not apply; for, in this, the exotic hairs grew on the tongue*, as the feathers of the toucan grow naturally. Criniti and Bose found the heart covered in the same manner.†

Of organised animal substances, however, hair seems to originate most easily: and this, too, without having, at least in many cases, any apparent bulb or root to shoot from. We had lately occasion, when treating of PARURIA STILLATITIA, to notice their discharge from the bladder as constituting one of the causes of this complaint. So in MALIS GORDII‡ they have been apparently solicited by friction, from different parts of the body of an infant, with seeming relief to his distress. And under the genus ECCYESIS §, numerous examples have been given of their formation in various internal organs. It is on this account the hair and beard are said by writers of grave authority occasionally to grow for some time after the death of every other part of the body; of which examples may be found in Heister ||, and Camerarius. ¶

GEN. IX.

SPEC. III.

Trichosis
hirsuties.Found on the
tongue, on the
heart.Hair originated
more easily
than any other
organised ani-
mal substance.

Exemplified.

Whether con-
tinues to grow
after death.

SPECIES IV.

TRICHOSIS DISTRIX.

FORKY HAIR.

HAIRS OF THE SCALP WEAK, SLENDER, AND SPLITTING AT THEIR EXTREMITIES.

THIS is a common affection, and depends upon a deficiency in the supply of proper nutriment from the bulb or root of the hair, in consequence of which the upper part of the tube becomes arid and brittle, and splits into minute filaments, as already explained in the introductory remarks to the present genus.** Its cure is to be accomplished by cutting the hair short, and stimulating the roots by irritant pomatums, unguents, or oils.

GEN. IX.

SPEC. IV.

Explained.

Remedial
process.

* Cent. vi. cur. 65.

† Pr. Hist. de Anitomenis Messenii hirsuto corde. Paris, 1525. Pr. Sistens historiam cordis villosi. Leips. 1771.

‡ Suprà, p. 512.

§ Suprà, p. 176. et passim.

|| Heist. Compend. Anat.

¶ Camerar. Memorab., cent. vi. p. 47.

** Rayer, in speaking of compound hairs (poils composés), which are often split at their extremities, and consist of hairs of different colours, remarks, that they are produced from follicles, which are united, but have only a single external opening, common to both of them. See Traité des Mal. de la Peau, tom. ii. p. 385. — ED.

SPECIES V.

TRICHOSIS POLIOSIS.

GRAY HAIR.*

HAIRS PREMATURELY GRAY OR HOARY.

GEN. IX.
SPEC. V.
Origin of
specific term.
Physiological
explanation.

THE SPECIFIC term POLIOSIS is a Greek derivative from πολλός, “candidus,” “canus,” — “white or hoary.”

The general principle of this diseased appearance has been explained in the introductory remarks to the present genus. The colour of the hair is derived from the rete mucosum, which secretes a very compound material for this purpose, a part of the occasional ingredients of which are iron, sulphur, lime, a grayish-green and a blood-red oil. In the silvery white or glossy hair of young persons, the nutritive matter is, perhaps, the rete mucosum in its purest and most uncoloured state. Gray hair is produced in two ways. In one there is no colouring material whatever, except apparently a small portion of the sulphur: and in this case the hair is directly hoary, or of a yellowish or rusty white. In other circumstances, the rete mucosum or nutriment of the hair, from causes already explained under the genus PAR-OSTIA, is loaded with calcareous matter, but deficient in its proper oil; and hence the hair is somewhat whiter, but of a dead hue, harsher, and coarser, very brittle, and apt to fall off from the roots.

White hair, probably produced by the former of these means, has been found occasionally in every stage of life; and Schenck gives a case in which it appeared on birth.† It has sometimes been transmitted hereditarily‡: and, in some instances, seems to have taken place from terror§, the spasm of the capillaries of the

* The *canities* of many writers, which, as Rayer observes, may be congenital, the effect of advanced age, or an accidental occurrence. It may also be partial or general. The hairs of the head, and especially of the temples, are those usually the first which undergo this change in old persons. When gray hairs fall off, others are seldom formed, and baldness is therefore usually a consequence of a person becoming gray-headed. Naturally light hair is said by Rayer seldom to become white, which is undoubtedly a mistake (see op. cit., tom. ii. p. 360.); but his observation, that it generally falls off at a comparatively early period of life, may be more correct. The hairs commonly become gray in a slow gradual manner; though authentic examples of the change taking place suddenly, as, for instance, in the course of one night, are upon record. (See Bichat, Anat. Gén., tom. iv. p. 815.; Cassan, in Archives Gén. de Méd. Janvier, 1827.) These facts prove, as Rayer observes, that phenomena take place within the hair, which are dependent upon vitality. — ED.

† Lib. i. obs. 3. ex Stuckio. The occurrence of gray hairs in young persons not more than eighteen or twenty years of age, is so frequent, that few individuals have not had opportunities of noticing it. — ED.

‡ Eph. Nat. Cur., Dec. ii. ann. i. obs. 69.

§ Camerar. Memor., cent. ii. N. 14. Doute, Ergo Canities à timore? Paris, 657. J. P. Frank, De Cur. Hom. Morb., tom. v. p. 123. Also from anger, from unexpected afflicting news, from diseases of the scalp, as porrigo, deep wounds, leaving scars destitute of pigment, &c., profuse hemorrhage, immoderate indulgence in venery, the employment of mercury too often repeated, violent

skin extending to the bulbs of the hair, which no longer communicated a supply of the ordinary pigment. It has for the same reason followed an obstinate cephalæa *, and is said to have occurred after death. †

GEN. IX.
SPEC. V.
Trichosis
poliosis.

emotions of the mind, &c. (See Rayer, tom. ii. p. 366.) Canities is sometimes partial. The editor has known more than one instance of a tuft of gray hair being situated on one of the temples, while all the rest of the hair was of its original brown colour. Rayer refers to similar cases (tom. ii. p. 366.) — Ed.

* Journ. des Sçavans, 1684.

† Eph. Nat. Cur., Dec. II. ann. I. obs. 69. It does not appear to be proved, that the colour of the hair is derived, as our author states, from the rete mucosum; but every fact tends to show, that it is secreted by the vascular pulp or root of the hair itself. With respect to the manner in which the hairs are turned gray, the subject is one of difficulty, in whatever light it is viewed. We have adverted to Dr. Macartney's conclusion, that an organic action in the substance of hairs must be admitted to exist, in order to account for the changes to which it is subject. If this were not the case, he deems it impossible to explain, in particular, the alterations in the colour of the hair. He tried to trace the progression of the colour in the hair, and the change of organisation accompanying the process; but without being able to satisfy himself on some points. "In almost all the specimens we have examined of human hair, during the process of becoming gray, we have found the loss of colour to commence at the point, and gradually to advance towards the root. In a few instances we have observed short portions of the hair gray in the middle; and we have seen the hairs of the mane and tail of horses becoming white at their roots. Some hairdressers also assert, that the hairs of the human head occasionally first change to gray next the roots.¹ The term *gray* is not so proper as *transparent* would be, since it consists not in an alteration of colour, but a total disappearance of it; and which is not in the interior substance, as supposed by Bichat, but in the horny or external part of the hair." Dr. Macartney inclines to the suspicion, that *the colouring matter is carried back into the system by absorption*. (See Rees's Cyclopædia, art. HAIR.) If a hair become gray by the desiccation or evaporation of any of its parts, he conceives, that the change would not be confined to particular portions of it, and the whole would afterwards appear withered or shrunk. Weak hairs, and those whose pulp is obliterated, would likewise be most apt to lose their colour. The contrary of this, however, takes place. None but permanent hairs ever become gray. The strongest and darkest hairs are most liable to the change, and afterwards appear to be stronger and thicker than before, and are longer in being shed, than others which have preserved their colour. It may be added, that no means will have the effect of turning hairs gray, after they have been removed from the body. This observation, by Dr. Macartney, we see is directly repugnant to a statement made in the text, and is also at variance with the alleged effect of oxymuriatic acid in whitening the hair. The whole of the subject seems to call for further researches. — Ed.

¹ The following are Rayer's remarks on this point:—"The hairs always begin to turn white at their loose end." He adds, however, they are sometimes observed to be white at the part near the skin, and dark-coloured throughout the rest of their extent. This disposition, the reverse of the first, he says, depends upon the hairs being at first secreted of a dark colour, and then white in consequence of an affection of their bulbs. (Op. cit., tom. ii. p. 365.) Dyeing gray hair with nitrate of silver, is found to render it hard and rigid. Nothing useful can be done for obviating the gray hair of old age: when plucked out, or removed with depilatories, if it grow again, it returns with the same silvery appearance. But, when canities is partial, or consequent to chronic inflammation of the scalp, implicating the bulbs, the hair, after falling off or being plucked, will sometimes grow again with its natural primitive colour. It is likewise noticed by Rayer, that a part of a hair secreted white, is followed by another part furnished with colouring matter. In situations where the bulbs have been destroyed by deep wounds or ulcers, the hair cannot be regenerated. See Rayer, tom. ii. p. 368.—Ed.

SPECIES VI. TRICHOSIS ATHRIX.

BALDNESS.

DECAY AND FALL OF THE HAIR.

GEN. IX.
SPEC. VI.

THE general principle of this defect has been so fully detailed under the preceding species, and in the introductory remarks to the present genus, that it is not necessary to add any thing further.

Alopecia of many authors, but not of Celsus and Galen.

Origin of specific term.
Daus-saleb of the Arabians.

This affection of the hair is the alopecia of Sauvages and other modern nosologists, but not that of Celsus and Galen, which is a variety of the next species. Alopecia is a Greek term derived from ἀλωπήξ, “vulpes,” *a fox*, this animal being supposed to lose its hair and become bald sooner than any other quadruped. The Arabian writers named it from the same source (دَاءُ التَّلْعَبِي) *daus-saleb*, literally “*morbus vulpis*.” The species admits of the following varieties : —

α Simplex.
Bald-head.

Hairs of the scalp of a natural hue ; gradually dying at the bulbs, or loosened by a relaxation of the cutaneous texture.

β Calvities.
Bald-crown.

Hairs gray or hoary : baldness chiefly on the crown of the head ; and confined to the head. Mostly common to advanced age.

γ Barbæ.
Bald-beard.

Decay and fall of the beard.

α T. athrix
simplex.

THE FIRST VARIETY is the defluvium capillorum of Sennert. Whatever tends to give an established relaxation and want of tone to the cutaneous vessels becomes a cause of this affection* : — and it is hence a frequent sequel of fevers of various kinds. It is also found as a symptom in tabes, phthisis, porrigo favosa, chronic eczema, and impetigo, [in which three last affections, the fall of the hair appears to be a consequence of an inflammation of the hair-follicles.]

When it is an idiopathic affection, general tonics and cold bathing form the most promising treatment; and when it is a secondary complaint, it must follow the fortune of the disorder that gives rise to it.†

* It has been stated in a previous note, that most of the changes to which the hair is liable, depend upon some affection of its bulbs, or the hair-follicles, as they are often called ; the organs by which it is produced. — ED.

† According to Rayer, the examples which happen during the convalescence from acute diseases, frequently seem to be preceded by a slight erythema, or pty-

The SECOND VARIETY proceeds from a cause precisely opposite to the preceding. Here the cutaneous secernents, instead of being too loose and relaxed, are too dry and rigid: there is little nutriment afforded to the roots or bulbs of the hair, whence they become arid and brittle, particularly at the extreme point of the head or crown, and are perpetually breaking off at their origin.* The cause of the whiteness or hoariness of the hair has been explained under the preceding species. Other causes than that of old age are noticed by pathologists, and have no doubt a foundation; as terror, which has sometimes operated very rapidly, insolation or exposure of the head to the rays of the sun, unlimited sexual indulgence†, cephalæa, and worms.‡

This affection is far more common to males than to females; it is asserted by many writers that it never occurs in eunuchs§, and by Schenck, that it never takes place in any person before the use of sexual copulation, and hence ought not to exist in bachelors; and, provided the remark be well founded, on which I cannot speak from my own knowledge, might be employed as a test of their continence.

The most promising remedies are to be sought for in an external application of warm animal oils, and oily aromatic essences, as lavender-water. ||

Baldness of the chin, or want of beard, is not a common defect;

GEN. IX.

SPEC. VI.

β T. athrix
calvities.

More common
to males than
females: said
never to occur
in eunuchs, or
before the use
of sexual
copulation.

riasis of the scalp. They are accompanied by an exceedingly copious furfuraceous desquamation. A great quantity of cuticular pellicles are detached from the comb, which are quickly reproduced, and under them the skin is usually erythematous. In other instances, the fall of the hair is accompanied by a morbid secretion from the sebaceous follicles. But it must be allowed, that the most curious specimen of baldness is what has been erroneously named *porrigo decalvans*; a case treated of by Dr. Good in the ensuing section under the denomination of *trichosis area*, in which neither vesicles, pustules, nor any inflammatory process can be detected. See Rayer, tom. ii. p. 372. — ED.

* The baldness of age comes on slowly and progressively, without any perceptible change in the scalp. In men it frequently extends to all the upper and anterior part of the head, so that merely a semicircle of hair is left, reaching from one temple to the other. The hair of women turns gray; but it is not generally so much disposed to fall off as that of men. According to Bichat, before the hair of old persons falls off, its bulbs gradually diminish, and the small tubes that contain its roots finally disappear. There is also a destruction of the hair-follicles in certain cases of partial alopecia occasioned by subcutaneous tumours. This alteration of the hair-follicles does not occur in accidental baldness. In the body of a man, rendered almost completely bald by an attack of fever, Bichat found all the tubes of the hair perfect, and young hair beginning to grow at the bottom of them. Hence, as Rayer observes, there is a difference between the fall of the hair of aged individuals, and the loss of it induced by certain disorders: in the first cases, all perishes; in the second, only the stalk of the hair becomes detached. — ED.

† Gilbert, *Adversus Pract. Prin.* Merlet, *Diss. Ergo à Salacitate Calvities?* Paris, 1662.

‡ Paullini *Lanx Sat.* Dec. iv. obs. 9.

§ De Moor, *Dis. in Hipp., App. vi.* 28. L. B. 1736. Schenck, L. I. obs. 10.

|| The cause of the loss of hair, and the nature of the affection of the hair-follicles, ought manifestly to be considered. When the detachment of the hair depends upon inflammation of the latter organs, the treatment should be different from what is called for by other states, which likewise bring on baldness. The calvities of old age is incurable. Loss of hair occasioned by eczema, impetigo, and porrigo, requires no other treatment than what these complaints respectively demand. If the skin be dry, tense, and furfuraceous, the parts should be shaved,

GEN. IX.
SPEC. VI.
β T. athrix
calvities.

Sometimes
extends over
the body.
Singular
instance.

but examples of it are referred to in the volume of Nosology.* And a few rare instances are to be met with of the baldness extending over every part of the body. Professor Frank has given us a striking example of this in a young man, who, about two months before he saw him, had suffered a sudden falling off of the hair from the chin, head, eyelashes, and pubes, while his fingers appeared dead, as though destroyed by a dry gangrene; his voice, meanwhile, was unchanged, the full power of procreation continued, and with the exception of a slight debility which he had felt for a few days, he was free from complaint. There was no perceptible cause, though, thirteen years before, he had laboured under syphilis.†

SPECIES VII.

TRICHOSIS AREA.

AREATED HAIR.

PATCHES OF BALDNESS WITHOUT DECAY OR CHANGE OF COLOUR IN THE SURROUNDING HAIR; EXPOSED PLOTS OF THE SCALP GLABROUS, WHITE, AND SHINING; SOMETIMES SPREADING AND COALESCING, RENDERING THE BALDNESS EXTENSIVE.

GEN. IX.
SPEC. VII.
Species de-
rived from
Celsus.

THIS species is taken entirely from Celsus, who gives two varieties of it almost in the following words:—

α Diffluens.
Diffluent areated
hair.

Bald plots of an indeterminate figure; existing in the beard as well as in the scalp: obstinate of cure. Common to all ages.

β Serpens.
Serpentine areated
hair.

Baldness commencing at the occiput, and winding in a line, not exceeding two fingers' breadth, to each ear, sometimes to the forehead: often terminating spontaneously. Chiefly limited to children.

The FIRST VARIETY forms the true alopecia of the Greeks, of which I have spoken already, and is so denominated by Celsus,

and smeared with oils or ointments. In porrigo decalvans, and other cases not attended with inflammation of the skin or hair-follicles, Rayet recommends stimulating the parts by the application of a decoction of walnut leaves, morel, lesser centaury, or mustard powder, with aromatic spirituous lotions, or with embrocations of oil of lavender, juniper, camomile, &c. See Rayet, *Traité des Mal. de la Peau*, tom. ii. pp. 374, 375. — ED.

* The chin is liable to all the varieties of alopecia, and even to porrigo decalvans, or trichosis area. — ED.

† De Cur. Hom. Morb. Epit., tom. iv. p. 124. A singular instance of a baldness, restricted to one side of the body, is related by Ravaton; it followed a violent commotion, and was accompanied by amaurosis in the eye of the same side. The hairs of the head, those of the eyebrow, and the eyelashes, underwent a change of colour, and were then detached. — ED.

Galen, and other Greek and Roman writers. The second is called by them ophiasis, from ὄφις, “a serpent,” in consequence of the serpentine direction in which the disease trails round the head.

Dr. Bateman has described this species under the name of *porrigo decalvans*, while he admits that the surface of the scalp offers no porriginous or other eruption whatever, but “within these areas is smooth, shining, and remarkably white. It is probable, however,” he adds, “*though not ascertained*, that there may be an eruption of minute aches about the roots of the hair, in the first instance, which are not permanent, and do not discharge any fluid.” It must be obvious that this fall of the hair has no connection whatever with porrigo*; depending upon a partial operation of the causes that we have already noticed as giving rise to the two preceding species of poliosis and athrix.

A frequent shaving of the entire scalp, with affusion of cold water, and the use of stimulant liniments, as aromatic vinegar, or a solution of two drachms of the oil of mace in three or four ounces of alcohol, will sometimes be found to produce a fresh crop of hair: though, in most instances, all applications are equally unavailing; and, even in successful cases, it is usually many weeks or even months, and has been years, before the patches are duly supplied with hair.†

GEN. IX.

SPEC. VII

Trichosis area.

First variety the alopecia of the Greeks.

Second variety their ophiasis.

The species is the porrigo decalvans of Bateman;

but has no real connection with porrigo.

Remedial process.

SPECIES VIII.

TRICHOSIS DECOLOR.

MISCOLOURED HAIR.

HAIR OF THE HEAD OF A PRETERNATURAL HUE.

As the hair receives its tint from the pigment communicated to the bulbs by the rete mucosum‡, whatever varies the character or colour of this material, will vary also the colour of the hair. Some of the causes of such variation we shall have to notice under the ensuing genus; but there are others, which are not so easily explained. Hair contains iron and sulphur. The blood-red oil, which is procured by digestion from the red hair, forms a third constituent. The grayish-green oil, which M. Vauquelin has been also

GEN. IX.

SPEC. VIII.

General explanation: but the causes not always manifest.

* On this point, as explained in the previous section, Rayer coincides with Dr. Good. Porrigo, too, is a contagious disease, which trichosis diffuens is not. — Ed.

† The editor has had several cases of this curious disease under his care; but he has never seen any benefit result from the stimulating applications in ordinary use. — Ed.

‡ The derivation of the colouring matter of the hair from the rete mucosum is not the hypothesis generally entertained by the latest physiologists. Indeed, it is rather contrary to anatomy, which teaches us, that the bulbs of the hair are frequently in the cutis, and deeper than the rete mucosum; and there is every reason to conclude, that the colouring matter, as well as the substance of the hair, is secreted by the pulp, or the vascular part of the bulb. This is the view adopted by M. Rayer, as appears from the following quotation: — “Les poils peuvent éprouver divers changements de couleur, liés sans doute à quelques modifications de la partie du bulbe, qui fournit leur matière colorante.” *Traité des Mal. de la Peau*, tom. ii. p. 386. — Ed.

GEN. IX.
SPEC. VIII.
Trichosis
decolor.

able to extract from black and other dark kinds of hair, is another distinct principle: and, from an excess or deficiency, or a peculiar combination of the colorific constituents, we are able to account for some of the extraordinary hues, which the hair is occasionally found to exhibit, though others seem to preclude all explanation. The chief varieties they display are the following:—

α Cærulea.

Of a blue colour.*

β Denigrata.

Changed from another colour to a black.†

γ Viridis.

Of a green colour. Of which we have had very numerous examples.‡

δ Variegata.

Spotted like the hair of a leopard. § Of this the examples are more common than of any of the preceding varieties.

Change of colour sometimes sudden: particularly when to a black.

Fever, exsiccation, and terror causes.

Many of these singular hues are said to have followed some natural colour of the hair: and, in some instances, suddenly. This is particularly the case with the second variety; or that in which the hair has abruptly become black, which seems to have occurred as a result of fever, of exsiccation, and of terror. Schurig gives a case in which the beard, as well as the hair, was transformed from a white to a black. ||

* Paullini, cent. i. obs. 93.

† Id., cent. iii. obs. 59.

‡ Bartholin. Hist. Ant. Paullin., cent. i. obs. 93.

§ Eph. Nat. Cur., Dec. iii. ann. 3. obs. 184.

|| Schurig. Spermatos. M. Alibert relates the case of a lady who, in a fever brought on by a difficult labour, lost a fine head of light-coloured hair, while every part of the scalp was inundated with a viscous fluid; but that, after her recovery, the hair returned, and assumed a very black colour. The same writer likewise mentions another example, in which a person, during an attack of illness, lost all his hair, which was naturally brown, and afterwards, when the hair grew again, it was of a fiery red colour. It is even alleged, that the gray hair of a woman sixty-six years of age turned black a few days before her death, the bulbs presenting an extraordinary size, and seeming as if they were gorged with the matter from which the hair derived its colour; while the gray hair had only a dry shrivelled root, much smaller than that of the black. (Journ. Gén. de Méd., tom. iv. p. 290.) A curious instance is recorded of a woman, whose naturally light-coloured hair used always to become of a reddish-yellow colour whenever she was attacked by fever, but returned to its natural hue as soon as the febrile disturbance ceased. (Journ. Complém. des Sciences Méd., tom. v. p. 59.) Lastly, M. Villermé recites the particulars of a young lady, sixteen years of age, who, after some trivial headaches, perceived, in the course of the winter of 1817 and 1818, that several parts of her head were entirely bald; and six months after this period, she had not a hair on her scalp. In the beginning of January, 1819, her head became covered with a sort of black wool at the points from which the hair was first detached, and with brown hair elsewhere. Some of the hairs fell off when they had attained the length of three or four inches; the colour of others altered at a greater or less distance from their extremities, while the other parts of them, towards their roots, put on a chestnut hue. (Dict. des Sciences Méd., tom. xliii. p. 302.) These curious accounts are inserted by M. Rayer, in his important publication on Diseases of the Skin, tom. ii. p. 387. There is a person in York, the colour of whose hair is continually changing. At present, it is a mixture of white, brown, and red; sometimes it is all white; at others, dark brown and red, and frequently red and white. His hair has been subject to these changes for many years. See Morning Herald, Oct. 11. 1834.—Ed.

We have observed, under the fifth species, that one of the causes of white or rather hoary hair, is a dry, shrivelled, or obstructed state of its bulbs, by which the colorific matter is no longer communicated. And it is possible, that as both terror and fevers, and many other violent commotions, have sometimes proved a cure for palsy, they may occasionally produce a like sudden effect upon the minute vessels of the bulbs of the hair, remove their obstruction, or arm them with new power, and thus re-enable them to throw up into the tubes of the colourless hair the proper pigment.

GEN. IX.
SPEC. VIII.
Trichosis
decolor.
In what way
these causes
operate.

SPECIES IX.

TRICHOSIS SENSITIVA.

SENSITIVE HAIR.

HAIR OF THE HEAD PAINFULLY SENSITIVE.

THIS species is added in consequence of a singular case that has occurred since the publication of the first edition, and on the special recommendation of the learned and indefatigable editor of the Edinburgh Medical and Surgical Journal, to whom the author is also indebted for suggesting the specific name. It shows us that, under a morbid condition of the scalp, not only blood-vessels, but nerves, will sometimes shoot forth into the tubes of the hair, and convey a very high and acute degree of sensibility.

In the hospital of the Royal Guard at Paris was a private soldier, who had received a violent kick on the occiput from a horse. The cerebral excitement produced was extreme, and could only be kept under by almost innumerable bleedings both local and general. Amongst a series of phenomena produced by this state of preternatural excitation, the sensibility acquired by the hairs of the head was not the least remarkable. The slightest touch was felt instantly, and cutting them gave exquisite pain, so that the patient would seldom allow any one to come near his head. Baron Larrey on one occasion, to put him to the test, gave a hint to an assistant, who was standing behind the patient, to clip one of his hairs without his perceiving it. This was done with dexterity, but the soldier broke out into a sally of oaths, succeeded by complaints; and it was some time before he could be appeased.*

GEN. IX.
SPEC. IX.
This species
new.
By whom
introduced.
Pathology.
Illustration.

* Ed. Med. Journ., July, 1823, p. 481. From Journ. of For. Med., No. xvii. In a case of this description, much care would be necessary not to confound the morbid sensibility of the scalp with that alleged to be actually in the hairs themselves. When the scalp is exquisitely tender, the slightest handling or disturbance of the hair will sometimes give pain; and perhaps the present species ought to have received further confirmation previously to its introduction into a nosological system. It is curious, however, that considerable branches of the fifth nerve should be distributed to the whiskers of animals. In a cat, which lived after the division of the fifth nerve in the cavity of the skull, the whiskers of the mutilated side became thin and crooked. See Mayo's Outlines of Human Physiology, p. 502. 2d edit. — ED.

GENUS X. EPICHROSIS.

MACULAR SKIN.

SIMPLE DISCOLORATION OF THE SURFACE.

GEN. X.
Origin of the
generic term.

Ephelis of
Frank.

EPICHROSIS (ἐπίχρωσις) is a term common to the Greek writers, and employed to express a coloured or spotted surface of any kind. — The genus is new, but it seems called for. Like the last, it consists of blemishes, many of which cannot always either be cured or even palliated; but, as all these are morbid affections, the nosological system that suffers them to pass without notice is imperfect. Many of them, however, are not of serious consequence, and have been arranged by Professor Frank under EPHELIS, employed as a genus, and with a latitude beyond its ordinary use.*

The following are the species that belong to it:—

1. EPICHROSIS LEUCASMUS.	VEAL SKIN.
2. ————— SPILUS.	MOLE.
3. ————— LENTICULA.	FRECKLES.
4. ————— EPHELIS.	SUNBURN.
5. ————— AURIGO.	ORANGE SKIN.
6. ————— PÆCILIA.	PIEBALD SKIN.
7. ————— ALPHOSIS.	ALBINO SKIN.

SPECIES I.

EPICHROSIS LEUCASMUS.

VEAL SKIN.

WHITE, GLABROUS, SHINING, PERMANENT SPOTS, PRECEDED BY WHITE TRANSITORY ELEVATIONS OR TUBERCLES OF THE SAME SIZE; OFTEN COALESCING AND CREEPING IN A SERPENTINE DIRECTION; THE SUPERINCUMBENT HAIRS FALLING OFF AND NEVER RESPROUTING.

GEN. X.
SPEC. I.

The vitiligo or
veal skin of
Willan.

Leucasmus,
why preferred
as a specific
term.

THIS is the vitiligo, or veal skin of Willan, so called from the veal-like appearance which these spots produce on the general colour of the surface. It is common to the different parts of the body, but chiefly found about the face, neck, and ears. The term leucasmus (λευκασμός), importing whiteness, is merely employed instead of vitiligo to avoid confusion, as Dr. Willan has used vitiligo in a sense somewhat different from that of Celsus, or of any

* De Cur. Hom. Morb., tom. iv. p. 77. Mannh. 8vo. 1792.

one who preceded him, though Professor Frank has made an approach to it by giving it the meaning of Celsus, importing a variety of leprosy, and afterwards confounding it with numerous other affections of the skin that have no possible connection with it, of which the present forms one instance. *

GEN. X.
SPEC. I.
Epichrosis
leucasmus.

The size of these spots varies considerably, from that of a large pin's head to that of a shilling or half-a-crown. The blank and morbid whiteness remains through life, and seems to show, that the patches are no longer possessed of red blood-vessels, and that the white hue of the rete mucosum alone is visible in their respective areas, exhibiting a pure white, only differing from that of death in being glossy from the action of a living principle.

General character and description.

SPECIES II.

EPICHROSIS SPILUS.

MOLE.

BROWN, PERMANENT, CIRCULAR PATCH; SOLITARY; SOMETIMES SLIGHTLY ELEVATED, AND CRESTED WITH A TUFT OF HAIR.

THE specific term, from *σπίλος*, "macula," has been long in use. The blemish is common, but unimportant.

GEN. X.
SPEC. II.

We have already remarked, that the rete mucosum is a substance which forms the second or middle of three laminæ that constitute the external integument. It is improperly called either *rete* or *mucosum*, for it is neither a network, nor a mucous material, being in effect nothing more than an adipose secretion of a peculiar kind, which, when black, has a considerable resemblance to the grease that is interposed between the axles and wheels of our carriages.

Origin of specific term.
Produced by a partial change in the rete mucosum.

Its existence was first noticed by Malpighi, who gave it the name of *rete*, as thinking that, through the structure of soft and uniform matter, he could trace certain fibres, crossing each other in various directions, but which have not been ascertained since, not even in the skin of the negro, in whom this layer is most conspicuous. In many animals, indeed, there is no rete mucosum whatever, and Bichat has expressed his doubts whether it has a distinct existence in any species, and conceives Malpighi was mistaken. But Cruickshank appears to have confirmed satisfactorily the assertion of Malpighi in the human form, and even to have traced it in some of the internal parts of the body, as well as in the skin †: and Dr. Gordon ‡, after a scrupulous examination, has added his testimony to the same fact. §

This substance examined physiologically.

Improperly called rete mucosum.

Detected by Malpighi:

denied by Bichat: but confirmed by Cruickshank and others.

It is in truth the common pigment or colouring principle of the skin, and hence differs very considerably in hue, as is sufficiently obvious in the respective individuals of the same country, but still

The common colouring principle of the skin: differing

* De Cur. Hom. Morb. Epit., tom. iv. p. 119.

† On Insens. Persp. passim.

‡ Anat., p. 244.

§ Bostock, Elem. Syst. of Physiol., p. 79. See also Edin. Med. Journ., vol. xviii. p. 247.

GEN. X.

SPEC. II.

Epichrosis
spilus.

in different individuals, and especially in different regions, and giving a white or fair hue, a black, an olive, a brown, and a red.

Clear glossy white in temperate climates.

Origin of moles in fair complexions.

Accompanied at times with a slight elevation and tuft of hair, accounted for.

Mode of treatment.

Moles, in what respect different from nævi or mother-marks.

more so in those of remote regions; giving a white or fair hue to the inhabitants of the south side of the Caucasus, and their probable descendants the great body of Europeans, a black to the negroes of Africa, an olive hue to the Mongo-Tartar race, a brown to the islanders of Australasia, and a red to the native tribes of North America.

In temperate climates, and in its purest state, it is a clear glossy white, and when reddened under a delicate cuticle, by the minute and innumerable arteries that are distributed over the surface of the body, it gives that rich but dainty tone of colour which constitutes beauty of complexion.

It sometimes happens, however, that persons, who are perfectly fair in their general complexion, from an equal diffusion of this substance in its utmost purity, have a few small spots of a lighter or deeper brown in the face, limbs, or body, from an occasional dash of brown in the rete mucosum, produced by causes which it is impossible to unravel: and which, as we shall show presently, in other persons extends over the entire surface, and is consequently intermixed with the whole of the secretion: and it is this occasional dash that constitutes a spilus or mole. Possibly, the rete mucosum possesses a certain portion of iron, a concentration of which in the coloured part may constitute the colorific material. Be this as it may, we perceive, wherever these coloured spots exist, there is a greater tendency to increased action than elsewhere; and hence, we often find a slight elevation, and additional closeness of structure, and not unfrequently an enlargement of the natural down into a tuft of hairs.

If this reasoning be correct, alkaline lotions (and all soaps are of this character, though not sufficiently strong for the present purpose), should form the best cosmetics. But the spots are rarely removable by any means, and the less they are tampered with the better.

These differ essentially from nævi or genuine mother-marks, inasmuch as the latter are produced by a distention of the minute blood-vessels of the skin, so that those which should contain only colourless blood, admit the red particles, and hereby exhibit stains of different shapes and ranges, and of different shades of crimson or purple, according to the quantity of red blood that is hereby suffered to enter, or the nature of the vessels that are distended.

SPECIES III.

EPICHROSIS LENTICULA.

FRECKLES.

CUTICLE STIGMATISED WITH YELLOWISH-BROWN DOTS, RESEMBLING MINUTE LENTIL SEEDS; GREGARIOUS; OFTEN TRANSITORY.

LENTICULA is more generally written in modern times *lentigo*; it is here given as it occurs in Celsus. The root is the Latin term *lens*, a lentil-seed; the Greek word for which is *φάκισ*: and this, without a diminutive termination, was also applied to the same blemish, when the spots were of a larger size.

Its causes are various; most commonly it is produced by an exposure to the rays of the sun: but it frequently arises without any such exposure, and is sometimes transmitted hereditarily.

The mode, by which the colorific rays of the sun operate in the production of this effect, we shall explain under EPHELIS, or sun-burn, forming the next species. Where the remote cause is constitutional, it is probably a result of the same colorific material as that to which we have just referred *spilus* or mole, existing in the rete mucosum, and operating more diffusely, though in much smaller patches. How it comes to pass that this middle layer of the exterior integument should at any time be thus interruptedly charged with a coloured pigment, so as to form the freckled appearance which constitutes the present cuticular blemish, it is not easy to say; but that it has a remarkable tendency to do so is obvious, not only from the present and preceding species, but still more so from the very striking and singular patch-work which constitutes EPICHROSIS PÆCILIA, or the sixth species of the genus before us: where we shall be again under the necessity of touching upon the subject.

Freckles are most frequently found on persons of fair complexions and red hair; and, as we have already observed, this hue of the hair is produced by a peculiar pigment, or a blood-red oil, by which the substance of the hair-tubes is stained.

Freckles are often transitory. They occur in many instances in great abundance in pregnant women, and disappear after lying-in, sometimes, indeed, in the latter months of pregnancy.* Riedlin affirms, but upon what authority I know not, that they are a fore-sign of a female offspring.†

It is well observed by Frank, that the more tender leaves of plants and the cuticle of fruits have a tendency to the same affec-

GEN. X.

SPEC. III.

Lentigo, phacia of the Greeks.

Causes various: mostly insolation.

In what manner remote causes operate.

Mostly found in fair complexion and red hair; explained.

Often transitory.

Occasionally found in plants.

* The chloasma gravidarum of several pathologists. — ED.

† Lin. Med., 1695, p. 393. In some women the spots here alluded to make their appearance only for a few days, at the period of menstruation. They are also observed in patients afflicted with chronic disease of the stomach or lungs. See Rayer, *Traité des Maladies de la Peau*, tom. ii. p. 210. — ED.

GEN. X.
SPEC. III.
Epichrosis
lenticula.

Remedial
process.

tion, and particularly after a descent of very gentle rains which the burning ray of the sun does not suddenly disperse; in which case we often meet with as many dots as there have been drops of rain.* Similar marks are likewise sometimes produced by the defecation of insects.

Cosmetics are of less avail in this, than in the ensuing species, but those we shall have there occasion to notice may be tried under the species before us.†

SPECIES IV.

EPICHROSIS EPHELIS.

SUNBURN.

CUTICLE TAWNY BY EXPOSURE TO THE SUN: OFTEN SPOTTED WITH DARK FRECKLES, CONFLUENT OR CORYMBOSE; DISAPPEARING IN THE WINTER.

GEN. X.
SPEC. IV.
Origin of specific term.

EPHELIS (ἐφελίς) is a term of Celsus, as well as the name appropriated to the preceding species: and its real meaning is “sunburn,” or “sunspot” — “vitium faciei solis ustione.” In Celsus, however, the term is used in a much wider sense, and applied to blemishes which have no connection with sunburning. It is here restrained to its proper signification.

Physiological
explanation.

Solar rays affect
the skin in a
twofold
manner:

directly by its
colorific rays:

The sun in hot climates, or very hot summer seasons, has a tendency to affect the colour of the skin in a twofold manner. First by a direct affinity of its colorific rays, or those of light, with the oxygen of the animal surface, and particularly with that of the rete mucosum, in consequence of which a considerable part of the oxygen is detached and flies off, and the carbon and hydrogen with which it was united, being freed from its constraint, enter into a new combination, and form a more or less perfect charcoal,

* De Cur. Hom. Morb. Epit., tom. iv. p. 79. Mannh. 8vo. 1792.

† The following is the advice given by M. Rayer, respecting the best manner of removing the spots of chloasma: — “When they occur,” says he, “in women a few days after conception, they sometimes disappear on the expiration of the first month of pregnancy, together with the symptoms indicating that event; but they have been known to continue throughout the whole term of pregnancy, and even after parturition. In the latter case, and always when the spots take place independently of any other affection, they should be treated with sulphur baths, which, in the space of a month or six weeks, will frequently disperse them. This means is preferable to acid lotions, or to frictions of the parts affected with emulsions, liniments containing camphor or the borate of soda, or pomatums medicated with the lauro-cerasus. When chloasma originates from the influence of some other organic disease, or when it is accompanied with chronic diseases of the stomach, bowels, uterus, &c., Rayer very properly recommends the appropriate remedies for these original disorders to be first administered. (See Rayer, *Traité des Mal. de la Peau*, tom. ii. p. 211.) For the removal of freckles, the hands and face are sometimes bathed with a solution of albumen, or gum, cream, skim-milk, distilled aromatic waters, or even with more active spirituous applications. But, as Rayer observes, these means rarely answer the purpose of taking away freckles, which ordinarily fade of themselves on the approach of winter. Op. et vol. cit., p. 207. — Ed.

according to the proportion in which they combine. And, secondly, by the indirect influence, which the calorific rays of the sun, or those of heat, produce upon the liver, and excite it to a more abundant secretion of bile, possessing a deeper hue, and which is more copiously resorbed into the system. That a certain proportion of bile is resorbed at all times, is clear from the colour of the urine and the stain which the perspirable fluid gives to clean linen: and that this proportion is greater in hot summers than in cold winters, and particularly in intertropical climates, is well known to every one who has attended to the subject.

These, then, are the ordinary causes of that effusive brown stain of the skin, which we denominate sunburn. But whether the deeper spots, or freckles, which so often accompany a sunburnt skin be owing to an equal action of either of these causes, and particularly of the first, upon the rete mucosum, or to an extrication of any colouring matter, as of iron, for example, existing in the rete mucosum itself, and unequally distributed, is beyond our power to determine. Either cause is sufficient to produce such an effect, though perhaps the real cause is the latter: and we have already seen, that in the distribution of this adipose layer over the surface, and its connection with the cuticle and the cutis, there is a frequent obstruction to a free flow of whatever colouring material may exist in it, which is in consequence accumulated in spots or patches, instead of being equably diffused.

As sunburn is chiefly occasioned by an inordinate separation of oxygen from the other constituent principles of the rete mucosum with which it was united, the most rational cosmetics in this case are those which have a tendency to bleach the skin, by containing a considerable proportion of some vegetable or mineral acid. Homberg's cosmetic, which has long been in vogue on the Continent, is a dilute solution of oxymuriate of mercury, with a mixture of ox-gall. Hartmann's, which has also been in high estimation, consists of a simple distillation of arum-root in water. This forms a very pungent lotion, and its object is to dilute or wash out the brown pigment, by exciting an increased flow of perspirable fluid towards the surface, and to carry off a part of it by an increased action of the cutaneous absorbents. Spirit of lavender, or any of the essential oils dissolved in alcohol, may be employed for the same purpose: and some have used a diluted eau de luce, which is also useful as an alkaline irritant. In Schroeder's Pharmacopœia, there is a preparation for the same purpose, which we should little expect, and the virtues of which are not very likely to be tried in the present day: it is entitled *aqua stercoris humani*: but, in former times, dung of all kinds was a standard article in almost every Materia Medica, and there are few diseases for which it was not recommended by some practitioners; occasionally, indeed, internally as well as externally. The general intention was that of obtaining a very pungent ammonia; but this we are able to do at present by far less offensive means.

When the hands are deeply discoloured, they may often be bleached by exposing them to the fumes of sulphur.

In drupaceous fruits, and especially those of a fine cuticle, as apples, we sometimes meet with spots and miscolourations of the

GEN. X.
SPEC. IV.
Epichrosis
ephelis.
and indirectly
by its calorific.

Effusive brown
thus produced:
deeper tinged
freckles that
often accom-
pany it how
produced.

Principles on
which cosme-
tics should be
founded as re-
medies of sun-
burn.

Vegetable and
mineral acids.

Homberg's
cosmetic.

Hartmann's
cosmetic.

Its mode of
action.

Hence utility of
spirits of laven-
der or other
essential oils.

Offensive alka-
lines formerly
used.

Fumes of sul-
phur.

Like miscolour-
ations and spots
in fruits.

GEN. X.
SPEC. IV.
Epichrosis
ephelis.

same character as moles, freckles, and sunburn; the causes of which we do not always know, though we can sometimes trace them to small punctures in the cutis by birds and insects.

SPECIES V.

EPICHROSIS AURIGO.

ORANGE SKIN.

CUTICLE SAFFRON-COLOURED, WITHOUT APPARENT AFFECTION OF THE LIVER, OR ITS APPENDAGES; COLOUR DIFFUSED OVER THE ENTIRE SURFACE; TRANSIENT; CHIEFLY IN NEW-BORN INFANTS.

GEN. X.
SPEC. V.
Ordinary cause.

The ephelis lutea of Sauvages: but improperly so called.

Sclerotic tunic not discoloured in aurigo, but uniformly in jaundice.

THIS orange hue of infants, and which is occasionally to be met with in later periods, appears, as Dr. Cullen observes, to depend either on bile, not as in the usual manner excreted, but received into the blood-vessels and effused under the cuticle, or on a peculiar yellowness of the serum of the blood distinct from any connection with bile.* Sauvages has rightly distinguished between this disease, as a mere cutaneous affection, and proper jaundice. In him it occurs under the name of *ephelis lutea*, an improper name, however, as the affection is not an ephelis or sunburn; while the jaundice of infancy he calls *aurigo neophytorum*, which ought rather to be *icterus neophytorum*.†

It may in general be remarked, that while the sclerotic tunic of the eyes, as well as the skin, is tinged with yellow in the genuine jaundice of infants, the former retains its proper whiteness in aurigo. Whence the serum derives the yellow hue it so strikingly evinces on some occasions, except from the bile, it is difficult to determine. That a certain proportion of bile exists constantly in the blood in a healthy state is manifest, as we have already observed, from the colour of the urine, and the tinge given to linen by the matter of insensible perspiration: and that this proportion varies in different climates, and different seasons of the year, without producing genuine jaundice, we have also observed. And hence, infants, under particular circumstances, may be subject to a like increase, with a like absence of icteritious symptoms. But what those circumstances are, do not seem to be clearly known. We see, nevertheless, that whatever rouses the system generally, and the excretories peculiarly, readily takes off the saffron dye: and hence it often yields to a few brisk purges, and still more rapidly to an emetic.

* Synops. Nosol. Med. Gen., xci. 5.

† Nosol. Method. in rebus.

SPECIES VI.
EPICHROSIS PÆCILIA.

PIEBALD SKIN.

CUTICLE MARBLED GENERALLY, WITH ALTERNATE PLOTS OR
PATCHES OF BLACK AND WHITE.

PÆCILIA (ποικιλία) is a term of Isocrates, from ποικιλός, “versicolor,” “pictus diversis coloribus;” whence *pæcile*, the porch or picture-gallery of the Stoics at Athens. The species is new to nosological classification; but the morbid affection has been long known to physiologists, and ought to have had a niche in the catalogue of diseases before now.

This affection is chiefly found among negroes, from an irregular secretion or distribution of the pigment which gives the black hue to the rete mucosum. In albinos, as we shall have occasion to observe presently, this pigment is entirely withheld, and the matter of the rete mucosum seems to be otherwise affected: in the species before us, it is only irregularly or interruptedly distributed.

What the cause of this interrupted distribution consists in, we know not; but, in several of the preceding species of the present genus, and particularly in moles and freckles, we perceive a striking tendency to such an effect; and, if we turn our attention to the animal and vegetable world around us, we shall observe it springing up before us in a thousand different ways, and giving rise to an infinite diversity of the nicest and most elegant cutaneous tapestry. It is, in truth, as the author has already remarked in the volume of Nosology, to the partial secretion or distribution of this natural pigment that we are indebted for all the variegated and beautiful hues evinced by different kinds of animals and plants. It is this which gives us the fine red or violet that tinges the nose and hind-quarters of some baboons, and the exquisite silver that whitens the belly of the dolphin and other cetaceous fishes. In the toes and tarsal membrane of ravens and turkeys, it is frequently black; in common hens and peacocks, gray; blue in the titmouse; green in the waterhen, yellow in the eagle, orange in the stork, and red in some species of the scolopax. It affords that sprightly intermixture of colours which besprinkle the skin of the frog and salamander. But it is for the gay and glittering scales of fishes, the splendid metallic shells of beetles, the gaudy eye-spots that bedrop the wings of the butterfly, and the infinitely diversified hues of the flower-garden, that nature reserves the utmost force of this ever-varying pigment, and sports with it in her happiest caprices.

While I am writing, says Dr. Swediaur, I have before me a friend who, after residing abroad for many years, at first in the East Indies, and then in the West, returned to Europe with a skin variegated with white spots like those of a tiger. In other respects he is well.*

GEN. X.

SPEC. VI.

Origin of specific term.

Chiefly found among negroes, and why.

Physiologically examined.

Beautiful effect produced by an interrupted and diversified distribution of the colouring matter of the rete mucosum in animals and plants.

Illustrated. †

In a European.

* Nov. Nosol. Meth. Syst., vol. ii. p. 204.

GEN. X.
SPEC. VI.
Epichrosis
pœcilia.
A diversified
colour some-
times heredi-
tary.
Piebald
negroes.
The black
pigment some-
times gradually
carried off, and
a black man
becomes a
white.
Exemplified.

Hence a white
pigment secret-
ed as well as a
black removed.
Such a total
change some-
times sudden.

Sometimes a
white man
changes in the
face to a black.

Diffusive tawny
hue from nitrate
of silver.

Sometimes
continues for
years.

Singular ex-
ample from
jaundice.

In some cases, a diversified colour of the skin appears to be hereditary among mankind. Blumenbach gives an example of a Tartar tribe whose skin was generally spotted like the leopard's.* Individuals thus motley coloured are commonly called piebald negroes, or are said to have piebald skins.

The Medico-Physical Society of New York has lately published a case, communicated by Dr. Emery Bissel, in which a man of the Brotherton tribe of Indians, ninety years of age, had been gradually becoming white for the last thirty years of his life. The first appearance of this change was a small white patch near the pit of the stomach, soon after an attack of acute rheumatism; which was shortly accompanied with other white spots in the vicinity that enlarged and at length intermixed. And, the spread of the white hue continuing to range over the whole body, the original colour was only visible, at the time of writing, on the forehead, and fore-part of the face and neck, with a few small patches on the arm. The skin, as it became white, was of a fine clear tint, and had nothing of the dull earthy appearance or the livid hue observed in albinos. Whence it should seem that not merely the black or dark-coloured pigment had been absorbed and carried off, but that a fair, whitish, and glossy rete mucosum, like that secreted under the cuticle in white men, had taken its place.†

This extraordinary change, however, is sometimes produced far more rapidly; for, in the American states, a black man has, in a few instances, had the whole of the colouring pigment carried off in the course of a severe fever, and has risen from his bed completely transformed into a white man. And, in the famous American trial of Alexander Whistelo, the supposed father of a white bastard child, a variety of cases are given of a like kind, the black pigment being in some of them more generally removed, and in others less so.‡ Buchner, on the contrary, relates the case of a white man, who, on recovery from a like disorder, had his face tinged with a black hue, doubtless from a morbid secretion of a pigment the skin had never before elaborated.

A course of nitrate of silver, continued internally for some weeks, has often produced a deep tawny and uniform discoloration of the skin, approaching to a black, being deepest in the parts most exposed to the light. Fourcroy, Butini, Alberti, Reimarus, and many other writers, have given cases of this change; and Dr. Roget has lately published another instance, in which the discoloration preserved its intensity of hue six years after a discontinuance of the medicine, the general health not being interfered with.§ In some instances, the upper half of the body only has been discoloured, and, more rarely, the pigment has appeared, like that of piebald negroes, in patches. Vesper relates the case of an old man, afflicted with hemiplegia, who presented the singular phenomenon of one half of the body, that which was paralysed, completely yellow, while the other retained its natural colour; the distinction prevailed so accurately in the face, that the two hues

* De Generis Hum. Varietate Nativâ.

† Journ. of Science and Arts, No. xii. p. 379.

‡ The Commissioners of the Almshouse versus Alexander Whistelo, &c. New York, 8vo. 1808.

§ Med. Chir. Trans., vol. vii. p. 290.

ran through the nose, and were only separated by an imaginary line. In this instance, however, jaundice was the cause.*

Plenck asserts, that he once saw a man with a green face, the right side of his body black, and the left yellow, produced by a previous disease : and Dr. Bateman informs us, " that, subsequent to the period of his publication, Dr. Willan had observed a variety of ptyriasis in children born in India and brought to this country, which commenced in a partially papulated state of the skin, and terminated in a black discoloration with slightly furfureous exfoliations. It sometimes affected half a limb, as the arm or leg ; sometimes the fingers or toes."†

GEN. X.
SPEC. VI.
Epichrosis
pœcilia.
Singular example of a green face, with body part black, part yellow.

SPECIES VII.

EPICHROSIS ALPHOSIS.

ALBINO SKIN.‡

CUTICLE DULL WHITE : PUPILS ROSY : SIGHT WEAK, AND STRONGEST IN THE SHADE.

THIS species occurs, not among negroes only, as commonly supposed, but among the inhabitants of Europe as well. [Experience proves, that the essential peculiarities which constitute an albino, are not restricted to certain individuals of hot climates, but are

GEN. X.
SPEC. VII.
Species common to blacks and whites.

* Dict. des Sciences Médicales, art. CAS RARES.

† Cutaneous Diseases, p. 48.

‡ A doubt may be entertained, whether the state of an albino should be regarded as one of disease. Blumenbach and some other writers consider, that the peculiarities of an albino proceed from a disease nearly allied to leprosy. (De Gen. Hum. Varietate Nat., cap. III. sect. 77., and Winterbottom on the Native Africans, vol. ii.) On the other hand, it is argued, by Mr. Lawrence, that albinos do not exhibit a single character of disease. All their functions are executed as in other persons. They are born of healthy parents, occur amongst the robust and hardy members of savage tribes, and a similar deviation takes place in many wild animals. He quotes two writers of very different characters, both of whom had seen African albinos, and were convinced that the notion of disease was quite unfounded. "Prétendre que ce sont des nègres nains, dont une espèce de lèpre a blanchi la peau, c'est comme si l'on disoit que les noirs eux-mêmes sont des blancs que la lèpre a noircis." (Voltaire, Essai sur les Mœurs, Introd.) Pallas writes, — "Cæterum hasce varietates Æthiopum albas non magis morbo sane naturam (quod Blumenbachio placuit) appellari posse puto, quam ipsa Æthiopum nigredo morbus est." (Novæ Species Quadrupedum, p. 11.) Rayner, however, in his valuable work on the Diseases of the Skin, includes amongst them what he terms *albinism* or *leucopathia*, which he divides into *congenital* and *accidental*, general or partial, proceeding from the absence of the pigment of the skin, and the colouring matter of the hair. A general accidental leucopathia, he observes, has hitherto only been noticed in negroes ; though white persons, after a long residence in dark places, become blanched, so as to make an approach to albinism. (See Traité des Mal. de la Peau, tom. ii. p. 194.) The subject of partial leucopathia, which may be either congenital or accidental, has been already considered under the sixth species of epichrosis. The forms of albinism, termed by Rayner accidental, and occurring subsequently to birth, must undoubtedly be regarded as morbid conditions, whatever may be decided, in this respect, concerning albinos, born as such. — ED.

GEN. X.
SPEC. VII.
Epichrosis
alphosis.

occasionally noticed in natives of almost every country; and that the singular constitution of an albino is in fact not indicated merely by its effects on the surface of the body, but by equally remarkable characters in the eyes and hair. Certainly this deviation of human nature from its ordinary type, was first observed in Africa, as might naturally be expected, because the contrast which a negro thus affected formed to the rest of the sable natives of that country, would be more striking than what resulted from the analogous condition of an European viewed amongst other Europeans possessing their ordinary complexion. Hence, also, the individuals who thus deviated from the general black colour of their parents, were at first termed *leucaethiopes*, or *white negroes*. Afterwards, however, similar varieties of the human species attracted remark in other parts of the globe, where sundry names were applied to them. Thus, in consequence of the annoyance which they suffered from the light, and their habit of avoiding it, such as were met with in the island of Java received from the Dutch the contemptuous appellation of *kakkerlakken*, *cockroaches*, insects that run about in the dark. Hence also the French term *chacrelas*. Of epichrosis alphosis, regarded by our author as a species of disease, he notices the two following varieties:] —

α Æthiopica.
Negro albino.

β Europæa.
European albino.

Hair white and woolly: irids white. Found among negroes.

Hair flaxen and silky. Found among Europeans and other white nations.*

α E. Alphosis
Æthiopica.

The FIRST of these varieties is by far the most striking, on account of the greater change in the colour of the skin, and the peculiar contrast it forms with the general cast of the negro features.

Term albino,
whence de-
rived.

History of
the disease.

The name of albino was first employed by the Portuguese, and applied to such Moors as were born white, or rather who continued so from the time of birth; for the children of negroes have little discoloration on birth, nor for several weeks afterwards†, and who, on account of this morbid hue, were regarded as monsters: and the term has since passed into our own and most other languages of the world. In these persons, however, there were other peculiarities observed besides the hue of the skin; for their hair, in all its natural regions, was equally white, the iris of the eyes white, and the pupil rose-coloured. This whiteness of the surface, however, is not the clear and glossy tint of the uncoloured parts of the European frame in a healthy state, but of a dead or pallid cast, something like that of leprous scales. The eyes, in consequence of the deficiency of their natural pigment, are so weak that the individuals can hardly see any object in the day, or bear the rays of the sun; though under the milder light of the moon, they see with great accuracy, and run through the deepest shades of their forests

Whiteness of a
dead or pallid
cast.

Individuals in
some degree
less robust than
others.

* As albinos occur in Java and Ceylon, and amongst the yellow, or copper-coloured, Indians of the Isthmus of Darien (See Lionel Wafer's *New Voyage and Description of the Isthmus of America*. 8vo. Lond. 1699), the African and European varieties will not comprehend all which have been noticed in various other parts of the world. — Ed.

† See Whistelo's Trial, as referred to in p. 542.

with as much ease and activity as other persons do in the brightest daylight. They are also said to be less robust than other men; and to sleep through the day and go abroad at night: both which last facts are easily accounted for, from the weakness of their sight and the discomfort of the sunbeams to their eyes.

It was at one time a subject of enquiry, whether these persons were a distinct variety of the human race, or merely instances of an occasional aberration from the ordinary laws that govern the human fabric: and the former opinion derived some support from its being found, that male and female albinos, who not unfrequently intermarried, being rejected by the rest of the world, produced an offspring with the same imperfections as their own.*

The question, however, has long been sufficiently set at rest, since albino children have been found produced in most parts of the world, and from parents of all tribes and colours, black and olive-hued, and red and tawny; and since the subject has been more closely attended to, from white parents or inhabitants of Europe, as well as black or copper-coloured Africans. Nor does the anomaly appear confined to recent times, for Pliny seems distinctly to allude to it in the following passage, as existing in his day:—In Albaniâ gigni quosdam *glauca* oculorum acie à pueritie statim *canos*, qui *noctû plusquam interdiu cernunt*.†

It is the appearance of the characteristic albino signs in European children, that constitutes the SECOND of the two varieties before us. These signs are, a dull or unglossy white diffused over the body, with white or flaxen hair, white irides and red pupils. The disease is rare, but we have had at least eleven examples described by different authorities to the present time. Two by De Saussure, four by Buzzi, one by Helvetius, one by Maupertuis, and three by Dr. Traill. It is singular that all these are males‡; and still more so that the female offspring of the same families were, without an exception, destitute of the albino degeneracy. The three, described by Dr. Traill, were part of a family of six, the daughters of which were in every respect unaffected. § How

GEN. X.
SPEC. VII.
α E. Alphosis
Æthiopica.

At one time doubted whether albinos were not a distinct variety of man.

This question long since set at rest.

Albino described by Pliny.

β E. Alphosis
Europæa.

This variety rare: but described by various authorities:

all the examples males.

* In the natural history of our own species, Mr. Lawrence remarks, the albinos have not met with much better treatment than the negroes; for some have doubted whether they, as well as the latter, belong to the same species with us.—(See Voltaire, *Essai sur les Mœurs*, Introd. and chap. 143.) The negroes were too black, the albinos too white. They have been supposed incapable of propagation. They are, in truth, not numerous enough to breed together, and thus form a permanent variety; but that they can both beget and conceive is most abundantly proved. Mr. Lawrence knows of no instance of two being matched together; but when they are paired with common negroes, the offspring is generally black: sometimes white.—ED.

† Nat. Hist. lib. vii. cap. 2.

‡ According to M. Saussure, female albinos are more rare than male ones. *Voyages dans les Alpes*, &c.

§ In the year 1809, Rayet saw at Paris two examples of universal congenital albinism. The subjects of them were a brother and sister, the one aged twenty, the other nineteen, both natives of France. Rayet is also acquainted with two children, one eight years old, the other ten, who have the same affection: their parents are healthy, and their brothers do not participate in their peculiarity. In March, 1827, Rayet tells us, he went to the Bicêtre to see a person, named Roche, an albino by birth, but better known in that place by the appellation of *lapin blanc* (white rabbit). He was then forty-three years of age, and, at first sight, presented the aspect of an old man. The hairs of his head and eyebrows, his eyelashes, beard, and the hairs of his limbs, were of a milk-white colour. The

GEN. X.
SPEC. VII.
β E. Alphosis
Europæa.

Constitution
delicate.
Singular and
striking de-
scription from
Traill.

far this disorder is in Europe capable of being produced hereditarily, as abroad, is not known; nor, indeed, does there yet appear to have been an opportunity of forming an intermarriage between a male and a female of this kind, as not a single female has yet been discovered possessing the imperfect formation.

The same delicacy of constitution that distinguishes the foreign or negro albino, distinguishes the European, of which we may form an estimate from Dr. Traill's account of one of the three we have already alluded to. "The oldest of these albinos," says he, "is nine years of age, of a delicate constitution, slender, but well formed both in person and in features: his appetite has always been bad: he frequently complains of a dull pain in his forehead: his skin is exceedingly fair; his hair flaxen and soft; his cheeks have very little of the rose in them. The iris and *pupil* of his eyes are of a bright-red colour, reflecting in some situations an opaline tinge. He cannot endure the strong light of the sun. When desired to look up, his eyelids are in constant motion, and he is incapable of fixing his eye steadily on any object, as is observed in those labouring under some kinds of slight ophthalmia, but in him is unaccompanied by tears. His mother says, that his tears never flow in the coldest weather; but, when he is vexed, they are shed abundantly. He goes to school, but generally retires to the darkest part of it to read his lesson. His disposition is very gentle; he is not deficient in intellect. His whole appearance is so remarkable, that some years ago a person attempted to steal him, and would have succeeded in dragging him away, had not his cries brought him assistance." *

uvea was but slightly coloured, and pervaded by little red and gray streaks. The pupil was of a blood-red colour. The skin looked very nearly like that of a person who has a fine complexion; but it did not exhibit the dead white usually seen in albinos. The mucous membranes of the eyelids, tongue, and genitals, presented the natural red colour seen in Europeans. The nails were of proper size and form. The eyes could not bear the light, the eyelids being commonly nearly closed, and subject to an incessant winking motion. The muscles of the trunk and limbs were well developed. The intellects weak; and his power of articulation imperfect, as if he had a cleft in his palate. The genital organs were well formed. He appears to have had no brothers nor sisters. His father was a native of Picardy; his mother, who was a brunette, was born in Auvergne: she ascribed the peculiarities in her son's conformation, to her having experienced, during her pregnancy, a fright at the sight of a large white cat. (See Rayer, op. cit., tom. ii. p. 198.) — ED.

* Nicholson's Journ. Nat. Phil. Feb. 1808. An account of an albino, that was living near Vienna, is contained in Voigt's Magazin für das Neueste der Naturkunde, b. iii. p. 178. An albino boy of this country is briefly mentioned by Mr. Hunter. "Those of the human species," says he, "who have the pigmentum of a light colour, see much better with a less degree of light, than those who have it dark; and this in proportion to their fairness; for, when the hair is quite white, they cannot see at all in open day, without knitting their eyebrows, and keeping the eyelids almost shut. In many of these instances, there is an universal glare of light from the pupil, tinged with a share of red, which colour most probably arises from the blood in the vessels of the choroid coat. I have likewise observed, that the pigmentum is thinnest, when it is light, so that some of the light which is reflected from the point of vision would seem to be thrown all over the inner surface of the eye, which being white, or rather a reddish white, the light appears to be again reflected from side to side. This seemed to be the case in a boy at Shepperton, when about three years of age; of whom I have a portrait to show that appearance. He is now (1786)

The disease consists altogether in a defective secretion of the rete mucosum; which is not only without the colouring constituent principles that naturally belong to it, and particularly its power of affording a black pigment, but seems to be also untempered or imperfectly elaborated in other respects, judging from the dulness or deadness of the white hue it gives to the surface of the body, instead of the life and glossiness it diffuses in a state of perfect health. That this cutaneous layer is not altogether wanting is clear, since in such case the red vascularity of the cutis would be conspicuous through the delicate transparent cuticle, in albinos peculiarly delicate, and tinge the surface with a red, instead of a white colour. *

That the flaxen hue of the hair and the whiteness of the irides was derived from an imperfection in the secretion, or elaboration of the rete mucosum, admits of no doubt; and the opinion long ago expressed by Professor Blumenbach †, that the red colour of the pupils in the two adult albinos whom he had examined at Chamouni, was equally owing to the want of the usual black pigment, has since been confirmed M. Buzzi of Milan, who has had an opportunity of dissecting an albino, and has proved that the pigmentum nigrum of the choroid coat, and also that portion of it which lies behind the iris, and is called uvea, were totally wanting. ‡

GEN. X.
SPEC. VII.
β E. Alphosis
Europæa.
Pathological
explanation.

Hence the hue of the hair and irids: as also the red colour of the pupils: first conjectured by Blumenbach, since ascertained by Buzzi.

about thirteen years of age. The common light of the day is still too much for him; the twilight is less offensive. When in a room, he turns his eyes from the window; and when made to expose his face to the light, or when out in the open air, he knits his eyebrows, half shuts his eyelids, and bends his head forwards, or a little down; yet the light seems to be less obnoxious to him now, than formerly, probably from habit." (On Animal Economy, p. 250. 2d edit.) — ED.

* Naturalists have soared into the regions of conjecture, in order to account for the origin of albinos. Thus, Buffon ascribes them to an effort of the constitution to resume, what he calls, the primitive colour of nature, which he fancies is white, and degenerates in consequence of various circumstances into the different shades now observed. All this, however, is merely fancy, unsupported by facts. Mr. Hunter's reasoning even inclined him to consider the opposite conclusion as most probable. "Animals," says he, "living in a free and natural state, are subject to few deviations from their specific character; but nature is less uniform in its operations, when influenced by culture. *These changes are always, I believe, from the dark to the lighter tints*; and the alteration very gradual in certain species, requiring in the canary bird several generations, while, in the crow, mouse, &c. it is completed in one. But this change is not always to white, though still approaching nearer to it in the young, than in the parent, &c. This alteration in colour being constantly from dark to lighter, may we not reasonably infer, that, in all animals subject to such variation, the darkest of the species should be reckoned nearest to the original? and that, where there are specimens of a particular kind, entirely black, the whole have been originally black? Without this supposition, it will be impossible, on the principle I have stated, to account for individuals of any class being black." (See Hunter on the Animal Economy, p. 244. 2d edit.) — ED.

† Med. Bibl. ii. 537.

‡ Dissertazione storico-anatomica sopra una varietà particolare de uomini bianchi, &c. Milan, 1784. — Le Cat, *Traité de la Couleur de la Peau humaine*. The facts, stated in the text, do not amount to a proof, that the colour of the hair and iris depends upon an imperfect secretion of the rete mucosum itself; for those parts have undoubtedly in the natural state a distinct colouring matter of their own. The following is, perhaps, a more correct representation of the subject:—The characters of the albino are found to depend upon a deficiency of the colouring principle of the skin, hair, and eyes. Thus the former has the hue,

GEN. X.
SPEC. VII.
β E. Alphosis
Europæa.

Other animals
affected with
albino hue as
well as man.

Exemplified in
dogs, owls, and
rabbits.

In a sparrow.

We have observed, under the preceding species, that other animals are as richly supplied with a rete mucosum as mankind, and that they are indebted to it for their respective colours; and, as there can be no reason why they may not at times endure a like deficiency, we have reason to expect, *à priori*, that they may occasionally exhibit proofs of the same complaint. In accordance with this reasoning, Blumenbach has traced this affection in many tribes, and especially in white dogs, owls, and rabbits, [but, what is curious, only in warm-blooded animals:] and Dr. Traill has lately observed a case of the same disease in a young sparrow which he accidentally shot. This seems to have been a perfect albino, with red eyes, pale reddish beak and neck, snow-white plumage, of a satin gloss on the head, neck, wing-coverts, and back. The nest from which it issued contained another young sparrow of the common colour; and when the albino-bird quitted the nest, which it was seen to do a few days before it was shot, it was instantly attacked by fifty or sixty common swallows, and obliged to take refuge in a tree.*

which its cellular and vascular contexture produces; the hair is reduced to its simple organic groundwork; and in the eyes, which are entirely destitute of pigmentum, the colour of the iris depends on the fine vessels, which are so numerous in its composition, and that of the pupil on the still greater number of capillaries, which almost entirely form the choroid membrane. (See Hunter on Animal Economy, p. 250. 2d edit.) The close connection of these parts, in respect to their colour, is evinced by the fact, that neither is ever separately affected. (See Lawrence's Lect. on Physiology, &c. p. 281.) In piebald horses, however, as is well known, the iris is white, though most of their hair may be of another hue; and it is a curious fact, first pointed out by Mr. Hunter, that, in variegated animals, the colour of the pigmentum of the eye is regulated by that of the eyelashes. "The magpie, for instance, is nearly one third or fourth part white; and the two colours, if blended, would make the compound gray; but, the eyelashes being black, the pigmentum is black also. We sometimes meet with people, whose skin and hair are very white, and yet the iris is dark, which is a sign of a dark pigmentum; but if we examine more carefully, we shall also find, that the eyelashes are dark, although the eyebrows may be of the colour of the common hair." (On Animal Economy, p. 247. 2d edit.)—It is alleged, that the moral character of albinos is in relation to the feebleness of their organisation. Their intelligence, like that of negroes, is also stated to be of a limited description, though some instances to the contrary have been cited. (See Rayer, Traité des Mal. de la Peau, tom. ii. p. 194.)—Ed.

* Edin. Phil. Journ. No. 4. p. 390.

The following memorandum and prayer, having been found amongst the late Dr. Good's papers, are annexed to this work, in compliance with the directions which he left upon the subject.

July 27. 1823.

FORM OF PRAYER

Which I purpose to use, among others, every morning so long as it may please God that I shall continue in the exercise of my profession; and which is here copied out, not so much to assist my own memory, as to give a hint to many who may, perhaps, feel thankful for it when I am removed to a state where personal vanity can have no access, and the opinion of the world can be no longer of any importance. I should wish it to close the subsequent editions of my **STUDY OF MEDICINE**.

O THOU great Bestower of health, strength, and comfort ! grant thy blessing upon the professional duties in which I may this day engage. Give me judgment to discern disease, and skill to treat it; and crown with thy favour the means that may be devised for recovery: for, with thine assistance, the humblest instrument may succeed; as, without it, the ablest must prove unavailing.

Save me from all sordid motives; and endow me with a spirit of pity and liberality towards the poor; and of tenderness and sympathy towards all: that I may enter into the various feelings by which they are respectively tried; may weep with those that weep, and rejoice with those that rejoice.

And sanctify thou their souls, as well as heal their bodies. Let faith and patience, and every Christian virtue they are called upon to exercise, have their perfect work: so that, in the gracious dealings of thy Spirit and of thy Providence, they may find in the end, whatever that end may be, that it has been good for them to have been afflicted.

Grant this, O Heavenly Father, for the love of that adorable Redeemer who, while on earth, went about doing good, and now ever liveth to make intercession for us in Heaven. Amen.

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